



- Employee Stores
- Community Services
- Convenience Services
- Dependent Care
- Recreation Programs
- Recognition Programs
- Special Events
- Travel Services
- Voluntary Benefits
- Wellness



*chapter member:* Central Ohio Employee Services and Recreation Association

## Central Ohio Employee Services & Recreation Association (COESRA) Chapter of ESM Association General Membership Application \$250

Please type or print. Complete and return this form with your payment to Employee Services Management (ESM) Association.

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Website Address \_\_\_\_\_

Number of Employees in Central Ohio Area \_\_\_\_\_  
 How many Employee cards will you need for the year? \_\_\_\_\_

**Representative Details** \_\_\_\_\_

Primary Representative \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
 Fax \_\_\_\_\_

Alternate Representative \_\_\_\_\_  
 Job Title \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
 Fax \_\_\_\_\_

**Company Involvement in Employee Services**

Group or department responsible for  
 employee services (HR, E-Club, Benefits, PR, etc.): \_\_\_\_\_  
 Is employee services part of your job responsibilities \_\_\_\_\_  
 OR do you volunteer to manage employee services? \_\_\_\_\_



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**Contacting You**

What are your preferred method and the best time for an Associate (Vendor) member representative to contact you?

Preferred Method of Communication: \_\_\_\_\_ Time of Day: \_\_\_\_\_

**How Do You Promote Associate (Vendor) Member Offerings at Your Facility? (Please circle)**

Bulletin Board                      E-Mail                      Intranet                      Posters  
 Payroll Stuffers                      Newsletter                      Flyers                      Other \_\_\_\_\_

Do you distribute coupons?                      Yes    No (Please circle your selection)

Do you have an employee store?                      Yes    No (Please circle your selection)

Other Information: \_\_\_\_\_

\* A portion of your membership dues is allocated for a subscription to *Employee Services Management (ESM) Magazine*.

**Membership Dues: \$250**

Check Enclosed    MasterCard    Visa    American Express    Discover    (Please circle your selection)

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Referred By \_\_\_\_\_

Mail or fax completed form to Employee Services Management (ESM) Association Headquarters:  
 568 Spring Road, Suite D • Elmhurst, IL 60126-3896 • FAX: (630) 559-0025 • (630) 559-0020 •  
 E-Mail: [esmahq@esmassn.org](mailto:esmahq@esmassn.org) • [www.esmassn.org](http://www.esmassn.org)