



MEMBERSHIP APPLICATION

ESD ASSOCIATION

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PLEASE PRINT CLEARLY

Mr. / Mrs. / Ms. / Dr. _____
Circle One *First Name* *Last Name*

Company _____

Title/Position _____

Business Address _____

Business Phone _____ Business Fax _____

E-mail Address _____

Home Address _____

Home Phone _____ Home Fax _____

Preferred Mailing Address Business Address Home Address

Note: If you select Home Address, your company name is printed in the membership roster.

I understand that by providing my mailing addresses, e-mail address, telephone & fax numbers, I consent to receive communications from the ESD Association via U.S. mail, email, telephone, or facsimile at those numbers and locations.

Please check if you DO NOT wish to receive promotional literature from other organizations.
 DO NOT wish your name, address, or phone number to appear in membership roster.

Dues/Method of Payment:

Annual Dues: North America (including Canada and Mexico): \$60.00
All Other Countries: \$70.00

Dues must accompany application form. Make checks or money orders payable to: ESD Association. Checks must be drawn on a US Federal Reserve bank in US dollars. The ESD Association also accepts Visa, Mastercard, and American Express.

Membership year is January 1–December 31. Applications after August 31 include following year's membership.

Credit Card Payments:

Credit Card Number _____ Exp. Date _____

Name on Card _____ Sec. Code # _____