



APPLICATION FOR ASSOCIATE MEMBERSHIP

(Please print or type)

Application for combined membership in the NYSESA and your local Chapter

COMPANY INFORMATION:

Company Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: (_____) _____ FAX: (_____) _____
 Co. Website: _____
 Year Company Started: _____ Total Number of Locations: _____

Please attach list of all locations on separate sheet.

COMPANY CONTACT

Designated Voting Rep: _____ Title: _____
 Email: _____

DUES SCHEDULE: Total Annual Dues = Local Chapter(s) + State Dues (For 2016 Memberships)

<p>Local Chapter Dues: (A)</p> <p><input type="checkbox"/> CNYAA = \$100</p> <p><input type="checkbox"/> HMAA = \$100</p> <p><input type="checkbox"/> LIAA = \$400</p> <p><input type="checkbox"/> MHAA = \$100</p> <p><input type="checkbox"/> NYESA = \$100</p> <p><input type="checkbox"/> RASIA = \$100</p> <p><input type="checkbox"/> UNYESA = \$100</p> <p><input type="checkbox"/> WNYESA = \$195</p> <p><i>Select Chapter(s) you are applying for membership (If applicable)</i></p>
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<p>TOTAL ANNUAL DUES:</p> <p>TOTAL Local (If applicable) Chapter Dues (A) = _____</p> <p>TOTAL State NYSESA Dues (B) = \$ 175</p> <p>TOTAL DUES = _____</p> <p>(A+B) = Associate Memberships (As applicable)</p>

Applicant agrees to abide by all by-laws & code of ethics as adopted by the membership of the NYSESA.

Payment Type: Master Card VISA AMEX	Check Payable to NYSESA _____
Card #: _____	Expiration Date: _____
Card Holders Name: _____	Card Security Code: _____
Card Holders signature: _____	

Please submit this application and first full year dues payment to the NYSESA at the address listed below.
Membership is not transferable. Dues are not refundable. Membership is based on a calendar year (January 1 thru December 31).

1971 Western Avenue - PMB # 1105, Albany, NY 12203
 (800) 556-9232 (NY) • (814) 838-0301 (Outside NY) • (814) 838-5127 FAX