# MEMBERSHIP APPLICATION
# ESD ASSOCIATION

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PLEASE PRINT CLEARLY

☐ ☐ ☐ ☐ Mr. / Mrs. / Ms. / Dr. _____ _____
*. Select 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 payble 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 # _____