



# Membership Application

*ESSAE advances the association profession through a community of knowledge, sharing, education and advocacy.  
Guide. Empower. Lead.*

## Membership Categories

*Select your category*

- \_\_\_\_\_ **Primary Executive Member: \$225** (Association) - First person to join from a non-profit, not-for-profit corporation, trade, professional, or business association (staff engaged in the management of associations); includes convention & visitor bureau (CVB) president/CEO/executive directors/staff.
- \_\_\_\_\_ **Secondary Association Member: \$140** (Association) - Second person from an entity that already has a primary member.
- \_\_\_\_\_ **Additional Association Staff: \$80** (Association) - All others from an entity that already has a primary or secondary member.
- \_\_\_\_\_ **Associate Member: \$330** (Supplier/Vendor/Industry Partner) - These members include essential vendors and professionals such as hotels, venues, caterers, publishers, banks, CPAs, HR, web designers, IT companies, marketers, and many more professional service providers that serve the association professional members of ESSAE.
- \_\_\_\_\_ **Additional Associate Member: \$180** (Supplier/Vendor) - All others from an entity that already has a primary associate member.
- \_\_\_\_\_ **Affiliate Member: \$125** - For those individuals not covered by an Executive or Associate Membership, with a special interest in association management, or individuals who spend less than 50% of their working time on association activities. (government officials, educators, students, etc.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization : \_\_\_\_\_

Status (501c 3/4/5/6): \_\_\_\_\_ Mission/Purpose: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about ESSAE?  Member Referral  Educational Program  E-mail  ASAE  Internet  Social Media

If member referral, name of member: \_\_\_\_\_

What is your primary reason for joining ESSAE?  Networking  Education  Career Development  Colleague Recommended

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

*The undersigned agrees that by becoming a member of ESSAE, he/she is consenting to the receipt of email messages from ESSAE at the contact email address listed above. The undersigned also authorizes ESSAE to use photographs of him/her with or without his/her name and for any lawful purpose, including marketing promotion (print, social media and web content). This application is signed below by the member or duly authorized representative of the member.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Amount Enclosed:** \_\_\_\_\_

**Payment Options:**  Send an Invoice  Check Enclosed  Credit Card Card Type (Visa, MC, AmEx): \_\_\_\_\_

Card Number : \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

*Membership runs January 1 through December 31 - a calendar year. If applying after April 1st, an invoice will be emailed to you with a pro-rated amount. ESSAE dues are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. For security purposes, we encourage you NOT to email your credit card details to ESSAE. The membership application can be completed online. If you would like to pay via credit card, please complete the form and an invoice will be emailed to you.*

### Membership application and payment should be submitted to:

Empire State Society of Association Executives, Inc.

1A Pine West Plaza | Albany, NY 12205

Tel: (518) 463-1755 | Email: vanessa@essae.org