



Executives Association of San Francisco

Founded 1916

Application for Membership www.sfexecs.com

“Remember a Member First”

Date _____

Applicant's Name & Title _____

Firm Name _____

Street Address _____

City _____, CA Zip _____ Birthday Month _____ Date _____

Direct Phone _____ Fax Number _____

Email _____ Web URL _____

Principal Business _____

(Must be at least 60% of your entire business. Please be specific.)

Membership Category Requested: _____

Please check one: Corporation Partnership Proprietorship

Federal Tax ID Number _____ Years in Business _____ Years at Present Location _____

Where are you listed in the Yellow Pages? _____

Additional Products or Services your company provides: _____

Name of Alternate Representative / Title _____

(Please list the person who will attend meetings in your absence.)

Alternate's Phone _____ Length of Time with Firm _____

Please list other Business / Networking / Referral Groups to which you belong:

Sponsored / Referred by _____

Relationship with EASF Sponsor _____

(Please indicate: Professional, Personal, Acquaintance, Other)

Length of Relationship with Sponsoring Member _____

Bank Reference / Name of Bank _____ XXXX _____

Banker's Name (if possible) XXXX Direct Phone Number XXX
Bank Account Number XXXX
Business Reference #1 _____

xxxx
(List Name of Business, Contact Person, Telephone Number and Years Known)

Business Reference #2 _____

(List Name of Business, Contact Person, Telephone Number and Years Known)

I hereby make application for membership with the Executives Association of San Francisco (EASF.) In doing so, I agree to read and abide by the by-law, rules and regulations of the EASF, especially those dealing with Executive Representation, Weekly Attendance, and Financial Responsibility.

I understand that the EASF is not a service organization, but rather a networking / referral group whose primary objective is the exchange of business and business leads.

I understand that the EASF, at its discretion, may run a credit check, a BBB and/or background check on my company.

I have completed this application truthfully and completely so that my application to the EASF may be considered immediately. I agree to meet with representatives of the EASF Membership Committee for an in-depth interview prior to my application for membership being reviewed by the EASF Board of Directors.

Once approved for membership, I agree to pay all monthly membership / luncheon dues (\$160/month) and hereby give my permission for the EASF and the International Executives Association to communicate with me by fax and email. In the event of my resignation from the EASF, I shall provide at least 30 day's advance notice in writing and will pay any prior balance due against my account.

In accordance with Membership Procedures, I am including my application fee to the EASF in the amount of \$260.00. Should my membership be denied, I understand that these funds will be returned to me within five working days.

Signature _____

Executives Association of San Francisco

Wendy Waters

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www.sfexecs.com

FOR OFFICE USE ONLY:

09/07

Process: _____	Classification: _____	Brd Appr: _____	Pd: _____	QB: _____
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