



Executives Association of San Francisco

Founded 1916

Application for Membership

www.sfexecs.com

"Remember a Member First"

Date _____

Firm Name _____

Applicant's Name & Title _____

Firm Address _____

City _____, CA Zip _____ Birthday Month _____ Date _____

Home Address _____

City _____, CA Zip _____

Work Phone _____ Cell 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

Years in Business _____ Years at Present Location _____

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 _____ Alternate's email _____

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 _____

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 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

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