



# Executives Association of San Francisco

Founded 1916

**Application for Membership** [www.sfexecs.com](http://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: \_\_\_\_\_

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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:

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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 (\$170/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**

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