



## The Employer Services Association of Ohio

8044 Montgomery Road Suite 700 Cincinnati, OH 45236  
(513) 792-2260 \* (513) 874-5754 Fax  
info@ohioemployer.com \*www.ohioemployer.com

### 2009-2010 MEMBERSHIP APPLICATION Annual Dues: \$25

Company Name: \_\_\_\_\_

Name and Title of Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Principal Type of Business: \_\_\_\_\_

Year Business Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

\_\_\_\_ (Initial) I hereby apply for a membership in The Employer Services Association of Ohio (ESAO).

I hereby request that ESAO send communications advertising its products, goods and services to my company's fax machine and/or to the email address listed above until such date that I, or my company, notify ESAO otherwise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The ESAO Membership year is July 1- June 30. Please submit your membership application with a check in the amount of \$25 to:

**ESAO Membership**  
**7704 Montgomery Road Suite 700**  
**Cincinnati, Ohio 45236**