



The ESOP Association

Save this form, type your information, and return by fax or regular mail to the address at the end of form.

Federal Tax #94 2478143

Membership Application

Company name: _____
Company contact: _____
Contact title: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____ ext.: _____
Fax: (____) _____
E-mail: _____
Website: _____

Corporate Memberships only:

Total ESOP participants (active and inactive): _____
C Corp _____ S Corp _____
Year company founded: _____ (yyyy)
% of Co. owned by ESOP: _____ %
Year ESOP established: _____ (yyyy)
Has ESOP ever been leveraged? _____ Yes _____ No
Company is: _____ Publicly traded _____ Closely held
Any other stock compensation plans: _____
Union: _____ yes _____ no
Type of business: _____
SIC code: _____

Professional Memberships only:

Please add these additional members from the same office location at \$400 each:

Name: _____
E-mail address: _____

Name: _____
E-mail address: _____

Member Benefits, Upcoming Meetings, ESOP News posted at www.esopassociation.org.

Payment Information:

Amount: \$ _____

____ Check enclosed
Please charge: _____ VISA, _____ MC, _____ AmEx

Card # _____
Exp. Date ____/____ (mm/yyyy) Security Code: _____

Authorized signature: _____

Circle Membership Type:

Corporate Membership is strictly limited to companies with an employee stock ownership or similar plan. Annual dues are based on the number of participants in the plan.

Participants	Dues
1-99	\$ 700
100-249	950
250-499	1,400
500-999	1,835
1,000-1,999	2,785
2,000-4,999	3,690
5,000 and up	4,580

Affiliate Membership is open to those companies considering an employee stock ownership plan. The membership dues, for one year only, are \$640. Status is upgraded to regular voting membership upon formal installation of an ESOP.

Professional Membership is open to persons from professional offices that provide services to ESOP companies. Annual dues of \$830 provide membership status to one individual from a service provider's office. Additional persons from the same office may become members for \$400 per person. Persons from the same company, but in a different office location, must join as full professional members at \$830.

Educational Membership is open to full time faculty members and students of accredited colleges and universities, and non profit organizations working to promote the cause of employee ownership. The annual dues are \$180.

ESOP Association dues are not tax deductible as charitable contributions. However, they may be deductible as an ordinary and necessary business expense, to the extent they are not used for government relations activities. The percentage of ESOP Association dues used for government relations expenses traditionally ranges from 10-20 percent of member dues revenue. Each member is notified of the percentage each year.

Mail to: The ESOP Association
Membership Department
1200 8th Street, NW, Suite 1125
Washington, DC 20036

Or fax: (202) 293-7568

Questions: Toll Free 1(866) 366-3832

For ESOP Association office use only:

Rec'd _____ Source _____
Pymt _____
Org # _____ Pers# _____
Staff _____
Mbr Pkt: _____ Ch: _____
FYB _____