

ESD Corporate Membership Application



THE ENGINEERING SOCIETY OF DETROIT®
FOUNDED IN 1895

MEMBERSHIP LEVEL

Category	Eligibility
<input type="checkbox"/> Level 1 – \$295	Companies or Divisions With 1-10 Employees (includes 3 ESD memberships) <i>Educational institutions or municipalities qualify for Level 1 Membership.</i>
<input type="checkbox"/> Level 2 – \$600	Companies or Divisions With 11-40 Employees (includes 5 ESD memberships)
<input type="checkbox"/> Level 3 – \$1,000	Companies or Divisions With 41-100 Employees (includes 10 ESD memberships)
<input type="checkbox"/> Level 4 – \$1,500	Companies or Divisions With 101-1,000 Employees (includes 15 ESD memberships)
<input type="checkbox"/> Level 5 – \$2,500	Companies or Divisions With Over 1,000 Employees (includes 25 ESD memberships)
<input type="checkbox"/> Sustaining	Add \$3,000 to your Corporate Level above. This is considered a charitable contribution to ESD.

ORGANIZATION INFORMATION

Name of Organization	
Address	
Address	
City, State, ZIP	
Web site	
Company Phone	Company Fax
Number of Employees	Number of Technical Employees

PAYMENT INFORMATION

TOTAL AMOUNT: \$ _____

- Please send me an invoice (PO# _____)
 I am enclosing a check or money order (payable to ESD)
 Please bill my credit card \$ _____

Visa
 MasterCard
 Discover
 American Express

Name (as appears on card)	
Card Number	
Exp. Date	
Signature	Date

Corporate members may deduct 100% of their membership support as an ordinary and necessary business expense.

CORPORATE REPRESENTATIVE

Mr.
 Mrs.
 Ms.
 Dr.
 Other: _____

Name	
Department or Division	
Job Title	
Address, if different from above	
E-mail	
Phone	Fax

SIGNATURE AND SUBMISSION

I hereby apply for membership to The Engineering Society of Detroit in the category selected above.

Signature	Date
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Return this form to ESD

by fax: 248-353-0736

by mail: 20700 Civic Center Drive, Suite 450
Southfield, MI 48076

online: fill out an online form at www.esd.org.

For membership questions, contact Lori Birman at 248-353-0735, ext. 120, or lbirman@esd.org.

FOR OFFICE USE ONLY

Member Number	Company Number	Date	Amount	Check Number	Source
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ADDITIONAL CORPORATE REPRESENTATIVES

Please provide names and contact information for additional Corporate Representatives (use additional pages, if necessary):

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
Title
Address
City, State, Zip
E-mail
Phone

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
Title
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City, State, Zip
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Title
Address
City, State, Zip
E-mail
Phone

COMPANY PRIMARY INDUSTRY

Please select one for your company

- Aerospace/Defense/Homeland Security
- Agriculture
- Architecture/Design
- Automotive Manufacturing & Assembly
- Automotive Parts Supplies
- Banking/Financial Services
- Business Services/Consulting
- Chemicals/Petroleum/Alternative Fuels
- Communications/Public Relations/Media
- Construction/Consulting
- Education/Training
- Electronics
- Employment/Technical Recruiting/Staffing
- Engineering Services/Consulting
- Environmental/Consulting
- Food Processing
- Government/Municipalities
- Healthcare
- Higher Education Learning Institution
- Information Technology, Computer Software/Hardware
- Legal Service/Law Firms
- Manufacturing
- Materials/Composites/Metals
- Medical/Biomedical
- Mining
- Non-Profit Sector
- Pharmaceuticals
- Road/Bridges/Infrastructure
- Telecommunications
- Transportation Services/Equipment
- Utilities/Alternative Energy/Power Generation
- Other: _____

COMPANY HUMAN RESOURCES CONTACT

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
Title
Address
City, State, Zip
E-mail
Phone

COMPANY MARKETING/PR CONTACT

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
Title
Address
City, State, Zip
E-mail
Phone