

The Educational Sales Association of New England
29 Walden Terrace
Saugus, MA 01906

Website: esane.org
Phone: 866-538-4268

MEMBERSHIP APPLICATION

DATE: _____

NAME OF APPLICANT: _____

Companies are not members of ESANE, Individuals are

HOME ADDRESS: _____

ZIP: _____

HOME PHONE: _____ FAX: _____

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

ZIP: _____

COMPANY PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

ESANE MAIL IS TO BE SENT TO: ___ HOME or ___ OFFICE

SPONSOR: Name of ESANE member who knows you, your product or service and your company:

Please answer the following questions:

1. Major product of your company? _____

2. Percentage of your sales time calling on educators in New England? _____

3. Your official title? _____ Your territory? _____

Please return this application along with a check for \$50 dues for the current membership year, ending May 31. Dues are payable June 1 annually. If you become a member after March 1, your membership is carried through the following year. The ESANE Executive Director will accept your application on a provisional basis, but the Executive Committee has sole authority to accept or reject any application. If rejected for membership, you will be notified following Executive Committee action and your dues payment refunded.

If accepted for ESANE membership, I agree to maintain and further a professional attitude among the educational sales people of New England and abide by ESANE policies at educational exhibits and other activities sponsored by the Association. Individuals are members of ESANE, not companies. I understand that I am the member, not the company I represent.

Signature of Applicant DATE