



THE AMERICAN DREAM AT WORK

MEMBERSHIP REQUEST FORM							
Company Name:					Date:		
Website address:							
PRIMARY CONTACT							
Name:							
Title:							
Address:							
City:			State:			ZIP Code:	
Phone:			Fax:				
Mobile:			E-mail:				
SECONDARY CONTACT							
Name:							
Title:							
Address:							
City:			State:			ZIP Code:	
Phone:			Fax:				
Mobile:			E-mail:				
COMPANY DESCRIPTION (what the company does, company history, business type, etc)							
Year Company Established:			Year ESOP Established:			My company is:	
						An S Corporation <input type="checkbox"/>	
						A Service Provider <input type="checkbox"/>	
Total Employees:			Total Participants:			Total Active Participants:	
ESTIMATED NUMBER OF PARTICIPANTS BY STATE							
AK	DC	IL	ME	ND	OH	TN	WV
AL	DE	IN	MI	NE	OK	TX	WY
AR	FL	KS	MN	NH	OR	UT	
AZ	GA	KY	MO	NJ	PA	VA	
CA	HI	LA	MS	NM	RI	VT	
CO	IA	MA	MT	NV	SC	WA	
CT	ID	MD	NC	NY	SD	WI	



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IF YOU ARE AN S CORP ESOP

What percentages of shares are owned by the ESOP? _____

Number of employee-owners owning 10% interest in the ESOP either directly or indirectly through deferred compensation amounts, options or other forms of synthetic equity: _____

Please explain the type or types of synthetic equity owned by such 10% shareholders.

LEVEL OF MEMBERSHIP REQUESTED

- _____ Board of Directors
- _____ Leadership and Development Council
- _____ General
- _____ Professional Member

HOW DID YOU LEARN ABOUT ESCA?

Please e-mail completed form to Laura Jackson at: LJackson@vennstrategies.com

Employee-owned S Corporations of America
1341 G Street NW, 6th Floor, Washington, DC 20005

Phone: 202-466-8700 Fax: 202-466-9666

www.esca.us

Once your membership form is received and it is determined you meet the membership criteria, you will be invoiced for your membership according to the current dues structure.