



MEMBERSHIP APPLICATION

Date _____ Company Name _____

Address _____ Suite # _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-Mail _____

What type of service does your business provide? _____

Number of Employees _____

How did you learn about the Century City Chamber? _____

Primary Contact Name _____ **Title** _____

Home Zip Code _____

Direct Work Phone _____ Fax _____ E-Mail _____

Alternate Contact Name _____ **Title** _____

Home Zip Code _____

Direct Work Phone _____ Fax _____ E-Mail _____

Please enclose a check made to "Century City Chamber of Commerce" or fill out credit card information below:

Membership Dues* + One-time \$25 processing fee: \$ _____

Credit Card # _____ Circle one: AMEX MC Discover Visa

Security Code _____ Expiration Date _____

Signature _____ Date _____

** Dues qualify as ordinary and necessary business expenses and are not tax deductible as a charitable contribution.*

Please indicate which Council(s) or Committee(s) you are interested in joining:

- | | | |
|---|---|--|
| <input type="checkbox"/> Citizen of the Year Committee | <input type="checkbox"/> Golf Tournament Committee | <input type="checkbox"/> Marketing & Membership Council |
| <input type="checkbox"/> Emergency Preparedness Council | <input type="checkbox"/> Government Affairs Council | <input type="checkbox"/> Transportation & Land Use Council |
| <input type="checkbox"/> Emerging Professionals and Entrepreneurs Council | <input type="checkbox"/> Health Care Council | |
| | <input type="checkbox"/> Law & Business Council | |
| | <input type="checkbox"/> Women's Business Council | |

What are your business goals?

Please complete (print or type) this application and return to:

Century City Chamber of Commerce
 2029 Century Park East, Concourse Level
 Los Angeles, CA 90067
 Tel: 310-553-2222 Fax: 310-553-4623
 www.CenturyCityCC.com