



Membership Partnership Application

NEW MEMBER INFORMATION

Company Name:				
Mailing Address:		City:	State:	Zip Code :
Main Company Phone:		Company Fax :		
Company General E-mail Address:		Website Address:		
Number of locations (Los Angeles County):	Number of Employees (Los Angeles County):	Year Established:		
Description of Business:				
My business is (mark all that apply): <input type="checkbox"/> Woman-owned <input type="checkbox"/> Minority-owned <input type="checkbox"/> Homebased				

REASON FOR JOINING (SELECT ONE)

- | | |
|--|--|
| <input type="checkbox"/> Advocacy/Policy Development | <input type="checkbox"/> Discounted Benefits |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Special Events |
| | <input type="checkbox"/> Other |

PRIMARY CONTACT

First Name:	Last Name:	M.I.	Title:	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mailing address if different from main:			City, State, Zip: <i>(If different from above)</i>	
Individual Phone:	Individual Cell:	Individual Fax:		
Individual Email Address:	Communication Preference <input type="checkbox"/> E-mail <input type="checkbox"/> Fax (requires a designated fax line) <input type="checkbox"/> Mail			

INVOLVEMENT OPPORTUNITIES TO CONNECT (Please check all that apply)

- | | |
|--|---|
| <p align="center">Public Policy Committees</p> <input type="checkbox"/> Aviation
<input type="checkbox"/> Education & Workforce Development
<input type="checkbox"/> Energy, Water & Environment
<input type="checkbox"/> Global Initiatives | <p align="center">Industry Councils</p> <input type="checkbox"/> Small Business Advisory |
| <input type="checkbox"/> Health Care
<input type="checkbox"/> Jobs & Business Growth
<input type="checkbox"/> Land Use, Construction & Housing
<input type="checkbox"/> Transportation & Goods Movement | |

ACCOUNT INFORMATION

Membership Investment (non-refundable)	\$ 60.00	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Check Enclosed		
Processing Fee (one-time only)	\$ -0	Credit Card Account Number	Security Code	Exp. Date
Total Investment	\$ 60.00			
Special Notes:				

Name on Credit Card (print)

Signature _____

Date

Return Application and Check to: Los Angeles Area Chamber of Commerce 350 South Bixel Street Los Angeles, CA 90017 Phone: 213.580.7592 Fax: 213.580-7511 or 213.580.7586		Your Los Angeles Area Chamber of Commerce investment is 91% tax deductible as a business expense; however, the Chamber estimates that for 2009, nine percent of the dues payment is not deductible because of the Chamber's lobbying activities on behalf of its members. FEDERAL TAX I.D. #95-0947860	
For Office Use Only			
Member I.D. #	Status	AE#	Source 999-U
Business Code (s)		Billing Code	