



8050 Florence Ave. Suite 11
 Downey, CA 90241
 562.287.0325 Office
 562.927.9460 Fax

MEMBERSHIP APPLICATION

Check One (Applying for): **Corporate Member** **Small Business Owner Member** **Church Organization**

Organization/Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Pastor/Contact Person: _____ Title: _____

Legal Company Entity: Corporation Sole Proprietor Partnership Non Profit- Tax Exempt

Phone: (____) _____ Fax: (____) _____ E-mail: _____@_____

Web Site: www. _____ No. Years: _____ No. Employees: _____ Annual Sales: \$ _____

Please Describe Your Organization (e.g. ministries, products, services, etc.):

Interest with CLBA (Please check one): Volunteer Ambassador Other _____

MEMBERSHIP ANNUAL DUES & ANNUAL RENEWAL

- | | |
|------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Corporate Sponsor | Contact CLBA for more information |
| <input type="checkbox"/> Corporate Member | \$1,500.00 (effective February 1, 2005) |
| <input type="checkbox"/> Small Business Owner Member | \$ 500.00 |
| <input type="checkbox"/> Church Organization | \$ 100.00 |

Corporate Member: Up to five (5) non-voting participant members which includes one (1) TV interview, corporate newsletter, invitations to CLBA calendar events, mixers and seminar/workshop.

Small Business Owner Member: One (1) non-voting participant member which include SBO newsletter and invitation to CLBA calendar events, mixers and seminar/workshop.

Church Organization : One (1) non-voting participant member which include invitation to CLBA calendar events, mixers and seminar/workshop.

Name of Participant/Title	Telephone & Extension	Email
_____	(____) _____	_____
_____	(____) _____	_____
_____	(____) _____	_____
_____	(____) _____	_____
_____	(____) _____	_____

Provide Two (2) References:

Company Name: _____ Contact: _____ Telephone: _____
 Company Name: _____ Contact: _____ Telephone: _____

PAYMENT TYPE: Credit Card Check Money Order Type (Credit Card) : _____

Card Number _____ Expiration Date: _____

Card User Name _____ Amount Authorized: _____

Authorized Signature: _____ Print Name: _____ Date: _____

*****CLBA Office Use Only (Do Not Write Below)*****

Total Paid: _____ Total Due: _____ Membership Effective Date: _____ Expiration Date: _____

Comments: _____

Verified All References: () Yes () No Approved by: _____ **Note: NSF checks will be charged a fee of \$25.00**