

Strengthening the Voice of Business

ORGANIZATION MEMBERSHIP FORM

MEMBER INFORMATION				
Organization Name				
Address		City	State	Zip Code
Mailing Address (if different from above)		City	State	Zip Code
Organization Phone	Company Fax		Number of members:	
Organization website address:				
Description of Organization				
TYPE OF BUSINESS ORGANIZATION (select one)				
<input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Other _____				
<input type="checkbox"/> Trade Association				
PRIMARY CONTACT				
Last Name	First Name	M.I.	Title	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Individual Phone	Individual Cell		Individual Fax	
E-mail Address				
SECONDARY CONTACT				
Last Name	First Name	M.I.	Title	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Individual Phone	Individual Cell		Individual Fax	
E-mail Address				
MEMBERSHIP FEE (Please check appropriate revenue of the organization)				
Annual Membership Fee Schedule Based on Total Revenue of Organization				
<input type="checkbox"/> Less than \$100,000.....\$100 <input type="checkbox"/> \$100,000 to \$500,000.....\$200 <input type="checkbox"/> \$500,000 to \$1,500,000.....\$300 <input type="checkbox"/> \$1,500,000 to \$3,000,000.....\$400 <input type="checkbox"/> More than \$3,000,000.....\$500		Does your organization have a Political Action Committee (PAC)? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of PAC _____		

(PLEASE CONTINUE ON REVERSE SIDE)

MEMBERSHIP CRITERIA

All members of BizFed agree to adhere to the following requirements:

- 501 (c) organization with business interests in Los Angeles County
- Supports the overall vision, goals and strategies of BizFed as outlined in the organization's bylaws
- Agree to share member database with a confidential third party, in order to aggregate business data for the county and to aid in BizFed's efforts
- Submit database in Excel format to BizFed on an annual basis. Databases shall include pertinent information necessary to carryout the mission of BizFed, and should include by not be limited to: name of company; company address(es) within LA county; number of employees
- Agree to send "Action Alerts" to members within 48 hours unless the alert conflicts with existing policy or does not have the support of the member's board of directors
- Agrees that BizFed data is confidential and will not be shared with member organizations except in aggregate

I certify that _____ agrees to abide by the Los Angeles County Business Federation strategic goals and mission statement.
(Name of organization)

Name: _____
(Please print)

Title: _____
(Please print)

Signature: _____

Date: _____

Please make check payable to:
Los Angeles County Business Federation

Return application and payment to:
Los Angeles County Business Federation
350 South Bixel Street
Los Angeles, CA 90017

Check # _____ enclosed

Credit Card Payment:

Visa Mastercard Amex

Cardholder Name: _____

Card Number: _____

Exp. Date: _____

Security Code: _____

Signature: _____

Dues or other contributions to the Los Angeles County Business Federation may be deductible as ordinary and necessary business expenses but not as a charitable contribution for federal income tax purposes:

Los Angeles County Business Federation
Tax ID Number: 26-0295348



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