



MEMBERSHIP APPLICATION

Membership Category:

Individual Copper Bronze Silver Gold Platinum

About you:

First Name: _____ **Last Name:** _____
Company: _____
Title: _____
Address: _____ **Suite #:** _____
City: _____ **State:** _____ **Zip:** _____
Phone: () _____ **Ext:** _____ **Fax:** () _____
Email: _____ **Website:** _____

Business Listing:

Fashion and Arts Immigration and Visa Transportation and Trade
 Food and gastronomy Media and Entertainment Real Estate
 Wine and spirits Legal businesses Medical and Beauty
 Restaurant Financial Services, CPAs Individuals
 Travel and tourism Consulting
 Hotels Technologies

Member to Member Privilege: (Optional Membership Discount Offer)

5% 15%
 10% Other: _____

Payment:

▪ By VISA or MASTERCARD

Amount : _____

Name as it appears on card: _____
Card #: _____ Expiration Date (MM/YY): ____ / ____
3 Digit Security Code (on the back of card) _____
Billing Address Zip Code: _____ Date: ____ / ____ / ____

▪ By CHECK

Please print and mail to the address below: 8939 S Sepulveda Boulevard Suite 350,
_____ 90045 Los Angeles, CA