



LOS ANGELES COUNCIL of
Charitable Gift Planners

Membership Application

Name: _____ **Title:** _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Primary Phone: _____ **Cell Phone:** _____

E-mail: _____

MEMBERSHIP FEES

Annual Traditional Membership Fee: \$150

Annual Season Pass Membership Fee: \$300

The LACGP Membership cycle is on a 12-month basis. Members are assigned an anniversary date; therefore, regardless of which month you join, you will receive benefits for a full 12 months. LACGP membership is not transferable or refundable.

PAYMENT INFORMATION

To pay using your American Express, Visa, Discover or MasterCard, please provide credit card information.

Credit card payment may be faxed to 714-632-5405 or emailed to membership@lacgp.org. Make check payable to LACGP.

Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Credit Card Number:	Expiration Date:
Name on Credit Card:	CVV2 Code:
Amount:	
Signature:	Date:

Check # _____ **Amount: \$** _____ **Date:** _____

Los Angeles Council of Charitable Gift Planners
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