

## **Membership Application**

Name:	Title:
Organization:	
Address:	
City:	State: Zip Code:
Phone:Cell	ll Phone:
E-mail:	
MEMBERSHIP FEES	
Annual Traditional Membership: \$150	
Annual Season Pass Membership*: \$300	
The SoCalCGP Membership cycle is on a 12-month basis. Member which month you join, you will receive benefits for a full 12 month.	
*Annual Season Pass Membership includes registration to the nex September, and November. Registration is not transferable to oth membership period.	
<b>PAYMENT INFORMATION</b> To pay using your American Express, Visa, Discover or MasterCar Credit card payment may be emailed to info@socalgp.org. Make of	
Credit Card Type: ☐ Visa ☐ Master Card ☐ /	American Express   Discover
Credit Card Number:	Expiration Date:
Name on Credit Card:	CVV2 Code:
Amount:	
Signature:	Date:

Southern California Council of Charitable Gift Planners PO Box 10, Manhattan Beach, CA 90267 (949) 715-5400 • Fax (714) 632-5405 • membership@lacgp.org