



LOS ANGELES COUNCIL of Charitable Gift Planners

Membership Application

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Cell Phone: _____

Years in Charitable Gift/Estate Planning: _____ E-mail: _____

MEMBERSHIP FEES

- Annual Membership Fee - Non-Profit: \$125
- Season Pass & Non-Profit Annual Membership: \$425*
- Annual Membership Fee - For-Profit: \$150
- Season Pass & For-Profit Annual Membership: \$450*

*Season Pass includes Annual Membership plus full registration to all five General Meetings.

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 card information below. Credit card payment may be faxed to (949) 715-6931. 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 as it appears on Credit Card:	CVV2 Code:
Amount:	
Signature:	Date:

Check # _____ Amount: \$ _____ Date: _____