



## APPLICATION FOR CHATSWORTH/PORTER RANCH MEMBERSHIP

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Member Business Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Website URL \_\_\_\_\_

Business Classification for Directory \_\_\_\_\_

Signature \_\_\_\_\_

Check \_\_\_\_\_

Visa MC \_\_\_\_\_

Credit Card # \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

Exp. Date \_\_\_\_\_

Participation Interests \_\_\_\_\_

Recommend by (optional): \_\_\_\_\_

I / We hereby apply for membership in the C/PR Chamber of Commerce, subject to approval of its Board of Directors, with annual initial tax-deductible financial participation of \$\_\_\_\_\_ (Tax deductible as a business expense, not as a charitable expense.)

Please print and fax to (818) 341-4930