## Membership Renewal

Name:	Title:		
Organization:			
Address:			
City:	State:	Zi	p Code:
Primary Phone:	Cell Phone:		
E-mail:			
MEMBERSHIP FEES			
Annual Membership Fee - Non-F	Profit: \$125		
Season Pass & Non-Profit Annu	al Membership: \$425*		
Annual Membership Fee - For-P	rofit: \$150		
Season Pass & For-Profit Annua	al Membership: \$450*		
*Season Pass includes Annual Membership plus	full registration to all five Gener	ral Meeting	gs.
The LACGP Membership cycle is on a 12-month which month you join, you will receive benefits for			
PAYMENT INFORMATION			
To pay using your American Express, Visa, Disco Credit card payment may be faxed to (949) 715-6			nformation below.
Credit Card Type: ☐ Visa ☐ Master	Card ☐ American Express	s 🗆 Disc	cover
Credit Card Number:			Expiration Date:
Name as it appears on Credit Card:			CVV2 Code:
Amount:	1		
Signature:	D	ate:	

Los Angeles Council of Charitable Gift Planners 65 Enterprise · Aliso Viejo, CA 92656 · (949) 715-5400 · Fax (949) 715-6931 · info@lacgp.org