



CCBMA Membership Application

Name: _____

Company: _____

Address: _____

City: _____ State _____ Zip _____

Business Information:

Date business established: _____

(Must be in business for 3 or more years to qualify for membership).

Email address: _____

Website: _____

Phone: _____

Service provided by business: _____

Type of Membership (All payments made payable to CCBMA)

_____ \$50 (annually) Regular

_____ \$250 (annually) Executive (Companies w/3 - 9 employees)

_____ \$500 (annually) Premier (Companies w/10+ employees)

_____ \$2,500 Life Supporter

_____ \$5000 or more Benefactor

Mail payments to: 5855 Topanga Canyon Blvd., Ste. 330, Woodland Hills, CA 91367

Do you have access to any state legislator? (Senator, Assemblyman or other)

If yes, please provide name of legislator: _____
