



La Cañada Flintridge Chamber of Commerce
Residential Membership Application

Contact Information

Resident Name:

Address:

City, State, Zip:

Phone:

Email:

Annual Membership Dues Schedule

Residential \$ 40.00 Annual Dues

Voluntary Contribution \$ _____ for the LCF Chamber of Commerce Foundation *

Total Amount Enclosed \$ _____

Payment Method

Make check payable to:
LCF Chamber of Commerce

Credit Card: (Visa or Mastercard Only)

Please Print Clearly

Card Number: _____

Expiration Date (month/year): _____

Security Code: _____
(3 digits from back of card)

Cardholder Signature: _____ Date: _____

Please Return Completed Application & Payment to:

La Cañada Flintridge Chamber of Commerce
4529 Angeles Crest Hwy, Suite 102
La Cañada Flintridge, CA 91011
FAX: 818-790-8930

* The La Cañada Flintridge Chamber of Commerce is a 501c6 not-for-profit organization.