

## LABSCA MEMBERSHIP APPLICATION

Last Name \_\_\_\_\_ First name \_\_\_\_\_

Title (Mr/Ms/Miss/Mrs, or job title) \_\_\_\_\_

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Background/Interest in Bordeaux \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please select your membership category:

- |   |                |
|---|----------------|
| <input type="checkbox"/> Individual                     | \$50 annually  |
| <input type="checkbox"/> Student                        | \$20 annually  |
| <input type="checkbox"/> Couple                         | \$100 annually |
| <input type="checkbox"/> Patron                         | \$250 annually |
| <input type="checkbox"/> General Corporate/Organization | \$250 annually |
| <input type="checkbox"/> Corporate Benefactor           | \$500 annually |

Please select which committee—if any—you would be interested in joining:

- Trade & Industry Exchange Committee
- Education & Cultural Exchange Committee
- Membership & Programs
- Marketing & Communications

**Payment:** We are unable to process credit cards at this time. Instead, please mail us your tax-deductible check payable to the Los Angeles-Bordeaux Sister City Association to the following address:

The Los Angeles-Bordeaux Sister City Association  
10570 Lindbrook Drive  
Los Angeles, CA 90024

Please include a copy of this membership application with your check.

Thank you for your interest and support.