

Membership Application

Company Name	Key Contact Name
Title	Email
Address	Suite
City	State, Zip
Phone	Contact Phone
Fax	Contact Fax
Web Site	CEO (If different than key contact)

Date Founded: _____ No. of Employees: _____ No. of Locations: _____

Is your local office Headquarter or Branch office? Are you Public or Private?

How did you hear about the Technology Council? _____

Company Description:

Product/Service Description:

Annual Membership Rates (See Criteria on Page 2)

Circle type of membership

Technology Membership		Professional Services Membership	
	Amount	# of Employees	Amount
Start-up (first 2 years of business)	\$195	1-10	\$495
SMB (up to 99 employees)	\$495	11-50	\$995
Enterprise (100+ employees)	\$995	50+	\$1495
Individual (must be VP or higher)	\$245		
		Academe: \$35	

Payments can be made by check or credit card.

Billing Address _____ City _____ Zip Code _____

Credit Card: _____ Expiration Date: _____

Security Code: _____ Signature: _____

Make Checks Payable to: Technology Council of Southern California

2537-D Pacific Coast Hwy, Ste. 348, Torrance, CA 90505 • Phone: (310) 325-4000 • Fax: (310) 867-2078

