

# Membership Application

Please complete and submit this application or join online at: <http://www.tcosc.org/join.html>

Company Name	Contact Name
Title	Email
Address	Suite
City	State, Zip
Phone	Contact Phone
Fax	Contact Fax
Web Site	President (If different)

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:

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Product/Service Description:

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### Annual Membership Rates (See Criteria on Page 2)

Industry		Associate	
# of Employees	Amount	# of Employees	Amount
1-10	\$250	1-10	\$450
11-25	\$350	11-25	\$600
26-50	\$450	26-100	\$750
51-100	\$750	101+	\$900
101+	\$1300		
<b>Academe: \$35</b>		<b>Individual: \$100</b>	

Membership Rate: \$ \_\_\_\_\_ + \$25 [One-Time New Member Application Fee] = \$ \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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) 878-0358

