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MEMBERSHIP APPLICATION

**2017-2018
 Membership Dues**
 All prices are
 in U.S. dollars.

Annual membership dues are based on a 12-month period from the invoice date.
 Please select your company's preferred membership level.

- \$1,500 General Membership**
- \$2,000 Advisory Board Membership**
- \$5,000 Sponsor**

Company Information Information is listed in the CFA directory and added to the CFA database.

Company: _____ CEO/President: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Website: _____

Type of Organization

- | | |
|---------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Accountant / Consultants | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Association | <input type="checkbox"/> Property Management |
| <input type="checkbox"/> Attorney / Law | <input type="checkbox"/> Publication |
| <input type="checkbox"/> Bank / Factor | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Supplier |
| <input type="checkbox"/> Event Management | <input type="checkbox"/> Technology |
| <input type="checkbox"/> International | <input type="checkbox"/> Other _____ |

Primary Contact

Name: _____ Title: _____
 Phone: _____ Ext: _____ Fax: _____ Email: _____

Secondary Contact

Name: _____ Title: _____
 Phone: _____ Ext: _____ Fax: _____ Email: _____

Human Resources Director

Name: _____ Title: _____
 Phone: _____ Ext: _____ Fax: _____ Email: _____

Payment Information CFA accepts payment by check or credit card (Visa/MasterCard/American Express).
Checks should be made out to California Fashion Association.

Credit Card Payment To pay via credit card, please email completed form to **info@calfashion.org** or fax completed form to **213.688.6290**.

Card No.: _____ Exp. Date: _____ CID: _____ Zip Code: _____
 Signature Required: _____ Date: _____