Association/organization Application				
ASSOCIATION/ORGANIZATION NAME				
CONTACT: FIRST NAME	LAST NAME	TITLE		
STREET ADDRESS	CITY	STATE	ZIP	
PHONE	FAX	EMAIL		
WEB ADDRESS				
Association/Organization Inf	ormation			
NUMBER OF MEMBERS:	ARE YOUR MEMBERS: 🔲 COMPAN	IIES 🔲 INDIVIDUALS [SE	ELECT ONE]	
ARE YOU: LOCAL L STATE	☐ NATIONAL [SELECT ONE]			
DESCRIBE THE BUSINESS CONDUCTED BY Y	OUR ASSOCIATION/ORGANIZATION			
PRINCIPAL OFFICERS				
NAME AND TITLE:				
NAME AND TITLE:				
NAME AND TITLE:				
MANAGEMENT PERSONNEL WHO WIL EXERCISING THE PRIVILEGES OF ME			Y IN	
OFFICIAL REPRESENTATIVE	ALTERNATIVE	ALTERNATIVE REPRESENTATIVE		

PLEASE NOTE:

TITLE

• The membership year for the Alliance is January 1 through December 31. For new members joining after the first of the year, dues are prorated (a fraction of a month is considered a whole month).

TITLE

- Dues may be tax deductible as an ordinary and necessary business expense.
- All applications for membership must be approved by the Board of Directors.

SUBMIT YOUR APPLICATION:

1) Print this page. 2) Fill in all areas above. 3) Mail the completed Application to our Executive Director, address below, for immediate consideration. You will be notified as soon as your application is approved. Dues are payable in advance.

California Small Business Alliance

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