

Chamber of Conscience

New Member Application

Your Name: _____

1) I meet the following Membership Requirements (check all that apply):

- a) _____ Registered Democrat.
- b) _____ Registered NPP with proven track record of progressive consciousness/activism.
- c) _____ Registered Green or P&F but openly willing to support and vote for Democratic candidates. A political pragmatist, not a political fundamentalist or purist, and

2) I meet the following Membership Requirements (check all that apply):

- a) _____ I own a business (Type of Business: _____)
- b) _____ I hold a professional license/certification (Type of License: _____)
- c) _____ I am a professional artist (Type of Art: _____)
- d) _____ I am a Democratic elected official (Office Held: _____)
- e) _____ I am a Democratic candidate for elected office (Office: _____)
- f) _____ I have received a *written exception* from the Board of Directors attached hereto.

3) Please indicate your Membership level:

- a) _____ Attendee Member: \$100 annual fee.
- b) _____ Listed Member: \$200 annual fee (includes spouse)
- c) _____ Voting Member: \$300 annual fee (includes spouse + 1 business partner)
- d) _____ Politician/Candidate: Complimentary membership
- e) _____ **Limited Time Offer: \$100 1st year Voting Member fee for first 30 members.**

What leadership roles interest you most in the C♡C:

- Board of Directorship
- Social Media Team
- Member Services
- Business Outreach
- Events Planning Team
- Other: _____
- Community Outreach
- Fundraising Team
- Other: _____

Private, Confidential, Never Shared

Your Name: _____

Your Spouse's Name: _____

Your Home Address: _____

Your Telephone #'s: Home () _____ Cell () _____

Your Personal Email: _____ () ok to use

Are you 18 years of age or older? Yes _____ No _____

Business Name: _____

Business Partner's Name: _____

Entity Type: Sole Prop. _____ LLC _____ Corp. _____ Other _____

Business Address: _____

Business #'s: Office () _____ Fax () _____

Business Email: _____ () ok to use

Website: _____

Sign: X _____

Date: _____

Please deliver this form along with your membership DUES to:

Check: Chamber of Conscience: 25060 Avenue Stanford #235, Valencia, CA 91355

Credit Card: Type of Card: _____ Card #: _____

+3% charge Expiration: _____ Code on Back: _____ Zip Code: _____

Email to: yinvest@pacbell.net or **Fax to:** (818) 332-4158

Keep it Pr♥gressive