MEMBERSHIP APPLICATION (please attach a copy of City of Avalon Business License)

I, the undersigned, hereby apply for membership in the Love Catalina Island Tourism Authority.

I understand that dues, contributions or gifts to the Love Catalina Island Tourism Authority are not tax deductible as charitable contributions. I also understand they may be tax deductible as ordinary and necessary business expenses, and that I should seek the advice of a tax advisor regarding the deductibility of these contributions.

Name of Business						
Mailing Address						
Street Address						
Phone E-Mail Address						
Accounting contact			ail Address _			
Web site:						
No. of Employees/s	eats/units/passeng	ers	_ Date of Est	ablishment		
Type of Business						
			E-Mail Address			
			_ E-Mail Address			
Address, if different from above:			FEES ATTA	CHED:		
		_				
			n Fee \$ \$			
Signature						
For Office Use Only:						
Accommodation	Restaurant	Transportatio	n Ba	nk/Utility	Business	
Community	Friend of Love C	Friend of Love Catalina Island Trade Services				
Accepted at a Board o	of Directors Meeting h	neld on:				
Account No			CRM	Billing	Welcome Letter	
Yearly Dues:			Plague	Bus Lic	Constant Contact	
Date Received:			Web listing	Web listing & Image/Logo		