



LOS ANGELES
CONSERVANCY



Professional Services Directory

Application / Renewal Form

Date: _____

Firm Name: _____

Contact: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-Mail: _____ Website: _____

☐ I'd like to receive e-mail about Conservancy news and events.

Professional license number: _____

How many years of experience do you (or your firm) have? _____

How many people do you employ? _____

What percentage of your work is devoted to historic structures? _____

What type of liability insurance do you have? _____

Has your firm worked with or for a preservation organization or historical society? _____

If yes, which one(s)? _____

Payment Options

Please note that the fee for inclusion in the directory is not tax deductible.

I've enclosed my payment Of \$120 (up to 5 categories) / \$180 (6 to 10 categories) by:

☐ Check payable to Los Angeles Conservancy

Credit card: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card # _____ Exp. Date _____ V-Code: _____

Name as on card _____

Signature _____