

# La Cañada Flintridge Coordinating Council

## ORGANIZATION INFORMATION FORM

P.O. Box 264, La Cañada, CA 91012-0264

The data on this form will be included in the next printing of our Directory of Community Organizations. It will reflect the activity period of September of this year to September of next year. If you are a renewal, please use this form or copy the entry in last year's directory and red-line the changes for this year. Use the space provided below, as appropriate, for a new listing of your major events. We thank you for returning this form and dues by **August 15**. Deadline problems? Contact Joe Thompson, LCFCC Membership Chairman at 1-818-790-3682 or email: lynjoelc@charter.com.

**Name of Organization:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ CA Zip \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Webpage: www. \_\_\_\_\_

**Contact Person:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ CA Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

**Regular Meeting Date and Time:** \_\_\_\_\_

**Regular Meeting Location:** \_\_\_\_\_

**Services:** (Briefly list the services your Organization provides)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Main Events:**

Name of Event	Date	Duration	Start Time	End Time	Location
_____	- - -	_____	_____	_____	_____
_____	- - -	_____	_____	_____	_____
_____	- - -	_____	_____	_____	_____
_____	- - -	_____	_____	_____	_____
_____	- - -	_____	_____	_____	_____
_____	- - -	_____	_____	_____	_____
_____	- - -	_____	_____	_____	_____

*Please use reverse side for any additional information.  
We reserve the right to edit information.*