



## Membership Form

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Type of Business \_\_\_\_\_

**Membership Dues:**

**dues are for 2016**

- |  |            |
|--|------------|
| <input type="checkbox"/> Corporate                                       | Contact Us |
| <input type="checkbox"/> Retail Business                                 | \$ 125     |
| <input type="checkbox"/> Professional                                    | \$ 100     |
| <input type="checkbox"/> Large Non-Profit                                | \$ 150     |
| <input type="checkbox"/> Small Non-Profit / Individual<br>(Non Business) | \$ 80      |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form along with a check payable to  
North Beach Business Association and mail to:  
Post Office Box 330187/SF 94133

Or enroll online at [www.northbeachbusinessassociation.com](http://www.northbeachbusinessassociation.com)