



MEMBERSHIP APPLICATION

Yes, I want to help improve our community.

Annual Membership.....\$ 30.00

Membership year – July 1 though June 30

Check one: New Member Member Renewal

Additional Support Levels*

\$1,000 Platinum

\$250 Silver

\$100 Bronze

\$500 Gold

\$250 Corporate

\$50 Patron

*Membership levels at \$100 and above receive recognition in our newsletter, at the annual dinner and on our website, www.plaweb.org

Name: _____

Company: _____

Address: _____

City, St, Zip: _____

Phone #: _____ Fax: _____

E-Mail: _____

Check here to receive e-mail updates

Payment Options:

(select one)

By Check – Payable to: Point Loma Association

By Credit Card

Card Type: Visa MasterCard

Card Number: _____ - _____ - _____ - _____

Expire Date (mm/yy): ____ - ____

Cardholder Information (*If different than above*):

Cardholder Name: _____

Card Billing Address: _____

Card Billing City, St, Zip: _____

I authorize Point Loma Association to charge my card for the amount(s) indicated above.

Cardholder Signature: _____

I would like to help with upcoming projects:

Beautification

Annual Dinner and Silent Auction

Membership Development

Other (please list) _____

Call me regarding other volunteer opportunities

Mail completed form and check (if applicable) to:

Point Loma Association
P.O. Box 60212
San Diego, CA 92166-0212