

Membership Application

Name: _____

Title: _____

Do you represent an organization? If so, please indicate your organization's name:

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ this a cell phone

Email: _____

Website: _____

Do you: live work own real estate in Greater Golden Hill?

Are you over age 18: yes no

\$25 membership fee:

Cash Check Credit Card

Card # _____ Exp. Date: _____

CVV2: _____

Name as it appears on the card: _____

Address if different from above: _____

City: _____ State: _____ Zip: _____

If paying by check please make your check payable to:

Greater Golden Hill CDC

Mail to:

2801 B St. #20
San Diego, CA 92102

If you have any questions, email: info@goldenhillcdc.org