## South Beach | Rincon | Mission Bay Neighborhood Association

2015 Membership Application

Name:	Date:		
Street Address:			
Apartment/Unit/Suite:	Zip Code:		
Email:			
Phone:	Time as a resident:	(Years)	(Months)
What issues/concerns do you have about hear about at SBRMBNA meetings?	our neighborhood? What to	opics would	you like to
Membership Dues (For period January 1			
[] Single member - \$15	Family/Household - \$25		
Paid by: [_] Cash [_] **Check - C	Check #		
** Make check payable to SBRMB Neigh	borhood Association		
Bring your completed application and memb We meet on the second Monday of each mon Community Room (between Pier 40 and AT& p.m.	th at the South Beach Harbor	Services Bui	ilding's
- or Mail your application and payment to:	Jamie Whitaker 201 Harrison Street #229 San Francisco, CA 94105-20	49	
Join us online at http://groups.yahoo.com/nec	o/groups/SouthBeachRinconM	lissionBayNo	eighAssn/