



**BARBARY COAST
NEIGHBORHOOD
ASSOCIATION**

Membership Application

Please provide all requested information below to join or renew your BCNA membership.

Individual/Primary Member Full Name: _____
First Name / Last Name

Primary Email Address (*Required*): _____
A valid email address is required to communicate with you about your membership and BCNA news.

Family Member (Optional for Family Membership): _____
First Name / Last Name

Family Member Email Address: _____

Business Name (For Company Membership): _____

Your Street Address: _____

City: _____ ST: _____ Zip Code: _____

Membership Type (Check One)

- Individual..... \$35 Small Company (1-9 employees)..... \$50
- Family..... \$45 Large Company (10+ employees).....\$150

Additional Contribution..... \$ _____
Your support helps BCNA fulfill our mission to improve and protect San Francisco's historic waterfront district.

Total Enclosed..... \$ _____

*Mail your check payable to **Barbary Coast Neighborhood Association** to:*

**BCNA
640 Davis Street #28
San Francisco, CA 94111**

Next time go paperless! Save time and postage by renewing online with a major credit card or PayPal account at <http://www.bcnasf.org/how-to-join/>.