



**BARBARY COAST  
NEIGHBORHOOD  
ASSOCIATION**

**Membership Application**

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*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  
P.O. Box 2045  
San Francisco, CA 94126**

Go green and paperless! Next time renew online at <http://www.bcnasf.org/how-to-join/>.