



# South Bay Alliance

## Membership Application

Select Membership Type

- Individual Membership/Non-Profit Membership \$15     Business Membership plus logo & web link \$30

Please fill out the following form.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

- I authorize SBA to publish my name as a charter member for South Bay Alliance.

For business memberships:

Business Name: \_\_\_\_\_ Business Type: \_\_\_\_\_

Link to Web Site: \_\_\_\_\_

Please indicate if your business logo is at the above site. YES      NO

If not, you will need to email a .jpg or .gif graphic to SouthBayAlliance@cox.net

- I authorize SBA to publish my business name and address under their Business Listings.

Make your check payable to South Bay Alliance. Include application and your check in your envelope. Address it to South Bay Alliance, c/o BancForce Financial Staffing, 4379 30<sup>th</sup> Street, Suite 2, San Diego CA 92104

CREDIT CARD PAYMENT     MASTER CARD     VISA    NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ 3 DIGIT SECURITY CODE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

TOTAL AMOUNT CHARGED \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_