



MEMBERSHIP APPLICATION 2016-2017

PLEASE FILL OUT THIS FORM COMPLETELY AND INCLUDE PAYMENT WHEN SUBMITTING.
PLEASE MAIL TO POINT LOMA ASSEMBLY, P O BOX 60174, SAN DIEGO, CA 92166

Renewal _____ New member _____

NAME (print clearly) _____

ADDRESS _____

E-MAIL _____

TELEPHONE _____ CELL _____

DOB: (MM/DD) (_____/_____) _____

Would you like to be included in the Assembly directory? YES NO (circle one)

DUES:

_____ \$100 annually (July 1, 2016 – June 30, 2017)

_____ \$50 (Rate for members joining after February 1, 2017)

CASH _____

CHECK # _____

Would you like to help with?

___ SOCIAL FUNCTIONS AND SPECIAL EVENTS

___ MEMBERSHIP

___ DONATIONS/FUND RAISING

___ PRESERVATION/MAINTENANCE

___ PUBLICITY

___ HOUSE RENTAL/ADMIN

___ PROGRAMS

___ REFRESHMENTS

___ MEETING SET UP

___ OTHER _____

0516 Received _____