



# COMMUNITY TEAM MEMBER APPLICATION

I'm sold! Please sign me up to become a:

- Community Team PARTNER (Full Page Ad; 4.75" x 7.25") ..... \$1,000**
- Community Team SUPPORTER (Half Page Ad; 4.75" x 3.75") ..... \$500**
- Community Team AFFILIATE (Listing Only) ..... \$250**

Today's Date \_\_\_\_\_

New member

Renewal member

**Please provide the following information about your business:**

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

Contact Person/Title: \_\_\_\_\_

Business Type or Category: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Annual Community Team Donation:**

**TOTAL** \$ \_\_\_\_\_

### Payment Information

My Check (payable to EBC) is enclosed

Check no: \_\_\_\_\_

Please charge my Credit Card

Business Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_ CVV2 code \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Please mail completed form with payment to:

**Send artwork (PDF or JPG) to:**

**Ed Brown Center for Active Adults  
18402 West Bernardo Drive  
San Diego CA 92128**

**edbrowncenter@gmail.com**