



COMMUNITY TEAM MEMBER APPLICATION

I'm sold! Please sign me up to become a member of the Ed Brown Center Community Team:

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 of \$250

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 your hi-res logo (PDF or JPG) to:

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

edbrowncenter@gmail.com
Subject: Ed Brown Community Team