



SAN LEANDRO DOWNTOWN ASSOCIATION

PO Box 223

San Leandro CA 94577-0022

www.SanLeandroDowntownAssociation.org

510.357.3442

New Member/Renewal Application for Membership

Business Name: _____ []


Business Address: _____ []

Telephone: _____ [] Website: _____ []

Business Type: _____

Business Email: _____ []

Services/Goods Offered: _____ []

Please check these boxes
if you WANT this info to appear
on our Membership web page 

I hereby renew/apply for Membership in the SAN LEANDRO DOWNTOWN ASSOCIATION by payment of my **\$75** contribution to its annual operations, as annual membership dues. Membership provides me with numerous cross promotion marketing opportunities during the series of events produced by the Association.

My check for \$____ is enclosed.

Please return your completed application and \$75.00 check to:

San Leandro Downtown Association
PO Box 223
San Leandro, CA 94577-0022

Signature: _____

Date: _____

Contact Name: _____ []
(Please Print)