



San Leandro Downtown Association

PO Box 223

San Leandro, CA 94577-0022

SanLeandroDowntownAssociation.org

New/Renewal Membership Application

Business Name: _____ []

Contact Name: _____ []

Address: _____ []

Phone: _____ []

Email: _____ []

Website: _____ []

Type/Services or goods offered:

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



I hereby renew/apply for Membership in the SAN LEANDRO DOWNTOWN ASSOCIATION by payment of my **\$80** 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 or money order for \$____ is enclosed.

Please return your completed application and check/money order to:

San Leandro Downtown Association

PO Box 223

San Leandro, CA 94577-0022

Signature: _____

Date: _____