

COMMERCIAL MEMBERSHIP APPLICATION
PACIFIC BEACH PLANNING GROUP

NAME: _____ DATE: _____
(Please Print)

MAILING ADDRESS: _____

RESIDENCE ADDRESS: _____
(If different from mailing address)

HOME PHONE: _____ FAX: _____

WORK PHONE: _____ E-MAIL: _____

Commercial membership on the Pacific Beach Community Planning Committee requires that you are at least 18 years of age and a: (Please circle one)

- 1) Property owner but not a resident of Pacific Beach.
- 2) A business professional person conducting business in Pacific Beach.

Business name _____

Business address _____ San Diego, CA 92109

Type of business _____

Please state the capacity in which you will be serving during membership: owner, owner's representative, company representative. (circle one)

I certify that I am qualified to be a candidate for commercial membership and that I fulfill the requirements for such membership on the Pacific Beach Planning Group. If elected, I agree to abide by the Committee By-Laws and San Diego City Council Policy 600-24.

Signature: _____

Date: _____

[Please attach a short statement, including organizations, membership and other activities. Also include any community issues that interest you (traffic, parks, housing density, etc.)]