

THE PENINSULA BREAKFAST CLUB

Membership Application

Name _____ Occupation _____

Business Name _____

Address _____

Telephone _____ Fax _____

Nature of business _____

Operated out of (circle one) Home Office Year business established: _____

Please list other organizations to which you belong:

What are you expecting of this club? _____

What will you add to the club? _____

Date of your first attended meeting? _____ Who invited you? _____

Personal References:

Business References:

1. _____ 1. _____

2. _____ 2. _____

Please read: This application does not constitute acceptance. We reserve the right to refuse entry at our discretion. The Peninsula Breakfast Club, Board of Directors, Officers or Members do not accept any responsibility for personal injury, accidents, or liability for lawsuits resulting from the participation before, during, or after any scheduled or unscheduled event of the Peninsula Breakfast Club. In other words, you are joining and participating at your own risk. Submission of a completed and signed application is an acknowledgment that you have read, understand, and accept the information provided in the Member Information Package.

Signature: _____ Date: _____

**Send this completed application sheet
and a check for \$150
(made to The Peninsula Breakfast Club) to . . .**

**The Peninsula Breakfast Club
4876 Santa Monica Avenue, #217
San Diego, CA 92107**

The \$150 payment includes a one-time membership fee of \$50 and one quarter's worth of dues, \$100. If you are joining mid-quarter, your next quarter's dues will be pro-rated. If you have any questions, please call the club's Treasurer, Prentice St. Clair, at 619 701-1100.

PBC use only

Date Voted: _____

Any Concerns? no yes, explain: _____

Conflict of Interest stipulations: _____