

**Mission Community Council: Membership Application**

Date \_\_\_\_\_ Name of Organization \_\_\_\_\_

Organization Representative \_\_\_\_\_ Alternate \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Organizational Services or business: (Please list different programs or services or state mission)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dues / Donation Amount \_\_\_\_\_

(Suggested dues are \$10 for every \$100,000 of organization's annual revenue. If your organization has a budget of \$750,000 your payment would be \$75.)

May your organization's name be listed on the Council letterhead?  Yes  No

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Signature of Alternate

Date \_\_\_\_\_

Date \_\_\_\_\_

**Please mail application and check to:**

**Arriba Juntos  
c/o Mission Community Council  
1850 Mission Street  
San Francisco, CA 94103**