



Ocean Beach MainStreet Association

Associate Member Application

Please fill out all information that is applicable.

Dues are \$70 per year

Office Use	<input type="checkbox"/> Delivered Packet
	<input type="checkbox"/> Added to database
	<input type="checkbox"/> Newsletter
	<input type="checkbox"/> Add to Committees

Date: _____ from ___/___/___ to ___/___/___ Amt. Enclosed: _____

Business Name: _____

Owner/Manager: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone:_() _____ Fax:_() _____

Website: _____ E-mail: _____

EMAIL LISTS - Do you want to be included on the following email lists:

- Monthly Newsletter - discontinue your printed version and receive a PDF version to your email
- Email Warning List? ___yes ___no - this notifies you of a crime spree in the area.
- OB News Briefs - Bi-monthly to weekly happenings in Ocean Beach

BUSINESS DIRECTORY - both the printed directory and the online directory

- ___Yes ___ No List my business in the Directory.
- ___Yes ___ No Show my Email Address in the Directory.
- ___Yes ___ No Show my Business Address in the Directory.

BUSINESS CATEGORY - The category you select is the category your business will be listed under in the OBMA Business Directory. If you do not see a category for your business please contact us and we will be glad to assist you.

1st Choice _____

2nd Choice _____

3rd Choice _____

GET INVOLVED - Would you like to join a committee(s)? Please check any committees you would be interested in serving on:

- | | |
|--------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Design | <input type="checkbox"/> Economic Restructuring |
| <input type="checkbox"/> Crime Prevention Subcommittee | <input type="checkbox"/> Promotion/Marketing |
| <input type="checkbox"/> Clean OB | <input type="checkbox"/> Special Events (Street Fair, OB Oktoberfest) |
| <input type="checkbox"/> Farmers Market | |

For Credit Card Sales please complete this section. Credit Card Type: MC___ OR VISA___

Name : _____ Purchase Date: _____

Card #: _____ Exp. Date ___/___/___ Amt. charged: **\$70.00**

Authorized Signature: _____ Zip Code: _____ Sec. Code: _____

Please make checks payable to

Ocean Beach MainStreet Association

619-224-4906 Fax: 619-224-4976

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