

RESIDENTIAL 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: _____

Residential membership on the Pacific Beach Community Planning Committee requires that you are at least 18 years of age and a resident of Pacific Beach Census Tract # _____

I certify that I am qualified to be a candidate for residential membership and that I fulfill the requirements for such membership on the Pacific Beach Community Planning Committee. 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.)]