

BERKELEY RENTAL HOUSING COALITION

MEMBERSHIP APPLICATION (one form per entity)

Contact Name:	Contact Company:					
Ownership Type:	☐ LLC/LLP ☐ Corporation ☐ TIC* ☐ Individual (s)					
LLC/LLP, Corporation or Partnership Name:						
Owner's Name: (if individual)						
Employer & Title**: (if individual)						
Mailing Address: (please no P.O. Boxes)	City:	State:	ZIP:			
Preferred Contact Phone:	Preferred Contact Email:					
couples or only one person, select "Individual." **Federal law requires BRHC-PAC to report the full name, address, occupation and employer of individual ownerships whose contributions exceed \$200 per year.						
Property Address(es):			# of Units			
Total # of Units:						
Additional Information:						
☐ Please assign my voting rights (1 p/unit) to:						
By my signature below, I assign my voting rights to the individual named for matters put to vote of the general membership. I understand that this assignment may be revoked at any time by submitting a request to the Coalition.						
☐ I am interested in exploring board membership, please contact me. ☐ I am a current BPOA Member.						
How did you hear about us?						
Signature:		Date:				

The Berkeley Rental Housing Coalition (BRHC) is the legal and public policy arm of the Berkeley Property Owners Association (BPOA), which is a 501(c)(6) nonprofit organization. Your BRHC dues cover membership in BPOA. 50% of your BRHC dues in 2017 will go to the Legal Defense Fund and 50% to operations of the organization. Please note that your dues can be deducted as a necessary business expense. By joining the BRHC you agree you are contributing to our political and legal representation, though you may join BPOA without joining the BRHC.



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Payment Information 2041 Bancroft Way #203, Berkeley, CA 94704

Membership Calculation:						
Total # of Units @ \$234 per unit: \$ Less BPOA dues (or contribution) already paid: \$ (BPOA membership included in BRHC dues) TOTAL: \$						
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Payment Method: ☐ Credit Card (Visa or Master Card) – (paym	ant via Chack is professed as it alimina	toc DDU	IC transa	etion foos)		
Name on Card:	ent via Check is preferred as it eminina	les bkn	ic transa	ction rees)		
Credit Card Number:			Exp: CCV:			
Mailing Address: (please no P.O. Boxes)	City:		State:	ZIP:		
☐ Check Enclosed, payable to: Berkeley Rent	tal Housing Coalition, 2041 Bancroft Wo	ay, #203	B, Berkele	ey, CA 94704		
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Billing Preference:						
☐ Pay Annually (preferred)	☐ Pay Quarterly	ay Quarterly				
By signing below, you agree to have all payments due for your annual Coalition membership automatically deducted from your credit card account set forth above and designated by you or the card issuing company. Your payment shall be automatically charged to that account at the end of the month. If your credit card information should change, it is up to you to provide BHRC with access to another credit card account or to pay the full amount due within thirty days. Your annual membership begins the day the payment is made and will automatically renew unless the BRHC receives 30 days' written notice to cancel.						
Signature:			Date:			

Please return your completed form to:

BRHC 2041 Bancroft Way, #203 Berkeley, CA 94704 For questions, please contact:

Krista Gulbransen, Executive Director, BRHC Email: krista@bpoa.org Phone: 510.304.3575

FOR OFFICE USE ONI	LY: Date rcvd:	☐ Current BPOA Member	Membership start date:_	
PAC \$	BPOA \$			