



BERKELEY RENTAL HOUSING COALITION

MEMBERSHIP APPLICATION (one form per entity)

| | | | |
|--|--|---------------|-------------|
| Contact Name: | Contact Company: | | |
| | | | |
| Ownership Type: | <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Legal Partnership <input type="checkbox"/> TIC* <input type="checkbox"/> Individual | | |
| 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: | | |
| | | | |

**TIC is an informal partnership between unmarried individuals. It will be reported using the property address(es). For ownership by married couples or 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: | |

| |
|--|
| <p>Additional Information:</p> <p><input type="checkbox"/> Please assign my voting rights (1 p/unit) to: _____</p> <p><i>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></p> <p><input type="checkbox"/> I am interested in exploring board membership, please contact me.</p> <p><input type="checkbox"/> I am a current BPOA Member.</p> <p>How did you hear about us? _____</p> |
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| | |
|-------------------|--------------|
| 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. 25% of your BRHC dues in 2016 will go to the Political Action Committee (PAC; FPPC ID No. 1379546). The remaining balance will be allocated by the BRHC Board of Directors as necessary. We will notify you if any additional amounts of your dues are transferred to the PAC. Please note that the portion of your dues transferred to the PAC is not deductible as a business expense. By joining the BRHC you agree to participate in the PAC and LDF, though you may join BPOA without joining the BRHC.



BERKELEY RENTAL HOUSING COALITION

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

| | |
|--------------------------------|--|
| Membership Calculation: | |
| <input type="text"/> | Total # of Units @ \$213 per unit: \$ _____ |
| | Less BPOA dues already paid: \$ _____ (BHRC dues include membership to BPOA) |
| | TOTAL: \$ _____ |

| | | | |
|--|--|--------------|--------------------|
| Payment Method: | | | |
| <input type="checkbox"/> Credit Card (Visa or Master Card) – (payment via Check is preferred as it eliminates BRHC transaction fees) | | | |
| Name on Card: | | | |
| Credit Card Number: | | Exp: | CCV: |
| Mailing Address: (please no P.O. Boxes) | | City: | State: ZIP: |
| | | | |
| <input type="checkbox"/> Check Enclosed, payable to: Berkeley Rental Housing Coalition, 2041 Bancroft Way, #203, Berkeley, CA 94704 | | | |

| | | |
|---|--|--------------------------------------|
| Billing Preference: | | |
| <input type="checkbox"/> Pay Annually (preferred) | <input type="checkbox"/> Pay Quarterly | <input type="checkbox"/> Pay Monthly |

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 ONLY: Date rcvd: _____ Current BPOA Member Membership start date: _____
PAC \$ _____ BPOA \$ _____