

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:						
Mailing Address: (please no P.O. Boxes)	City:	State:	ZIP:			
Preferred Contact Phone:	Preferred Contact Email:					
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.						
How did you hear about us?						

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 2020 will go to the Legal Defense Fund, 30% to operations of the organization and 20% to the Political Action Committee (PAC; FPPC ID No. 1379546). Please note that PAC dues cannot 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: x \$250 p/unit (\$50 will be reserved for the Prop 10 2.0 fight) = \$							
Payment Method:							
☐ Credit Card (Visa or Master Card) – (paym	ent via Check is preferred as it eliminat	tes BRH	IC transa	ection fees)			
Name on Card:	, , , , , , , , , , , , , , , , , , ,						
Credit Card Number:			Ехр:	CCV:			
Mailing Address: (please no P.O. Boxes)	City:		State:	ZIP:			
☐ Check Enclosed, payable to: Berkeley Reni	tal Housing Coalition, 2041 Bancroft Wa	ay, #203	3, Berkele	ey, CA 94704			
Billing Preference:							
☐ Pay Annually (preferred)	☐ Pay Quarterly	□ 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 ON	LY: Date rcvd:	☐ Current BPOA Member	Membership start date:_	
C/H \$	BPOA \$		-	