

THE PENINSULA BREAKFAST CLUB
Peninsula Breakfast Club, P.O. Box 7914, San Diego, CA 92167
Membership Application
(Please print out and mail)

Name _____

Occupation/Title _____

Business Name _____

Address _____

Telephone _____ Fax _____ E-mail _____

Operated out of (circle one) Home Office Year business established _____

Please list other organizations to which you belong: _____

What are you expecting of this Club? _____

What will you add to the Club? _____

Date of your first attended meeting: _____ who invited you? _____

Personal References:

1. _____ 1. _____

2. _____ 2. _____

Business References:

Please read: This application does not constitute acceptance. We reserve the right to refuse any entry at our discretion. The Peninsula Breakfast Club, Board of Directors, Officers or Members do not accept any responsibility for personal injury, accidents, or liability for lawsuits resulting from the participation before, during, or after any scheduled or unscheduled event of the Peninsula Breakfast Club. In other words, you are joining and participating at your own risk. Submission of a completed and signed application is an acknowledgment that you have read, understand, and accept the information provided in the Membership Information Package.

Signature: _____ Date: _____

Send this completed application sheet and a check for \$115.00 made payable to the Peninsula Breakfast Club, to:

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