



Annual Membership Application

Basic Membership	\$20	Low Income	\$10
Broadmoor Benefactor	\$40	Donation	\$ _____

Complete the following form and mail your membership fee to:
Broadmoor Neighborhood Association
P.O. Box 1222
San Leandro, CA 94577

Name: _____

Street Address: _____

Telephone: _____

Email (Please include the email(s) your household will use if you join the BNA email List Box):

Member information is neither shared nor sold.