



Upon completion, please return this BEN Member Application to the GGBA office for processing
Fax: (415) 255-4518, Email: tony@ggba.com, Mail: 1800 Market St., Box 91, San Francisco, CA 94102

Name: _____

Phone (office): _____ Phone (cell): _____

Email: _____

Profession, products and services provided: _____

Years of experience in this line of business: _____

Relevant education, degrees, certificates, etc.: _____

Other organization(s) that you actively participate in: _____

Please select the BEN Group you're interested in:

2nd & 4th Tuesday BEN
8-9am

1st & 3rd Friday BEN
5:30 – 7:30pm

As a BEN Member I promise to:

- Actively participate in our group, helping it prosper
- Get to know other members and determine how to support their businesses
- Provide honest, responsive and competent service to referrals sent to me

PAYMENT METHOD

GGBA Members pay \$60/quarter

Nonmembers pay \$100/quarter

VISA

MasterCard

Check

American Express

Discover

Billing Address, City, State & Zip: _____

Credit Card Number: _____ Expiration: _____

Signature: _____ Date: _____ CCV Code: _____

Please note: BEN memberships must be paid within 30 days of the invoice date or the membership is subject to termination.