



Membership Application & Renewal

Please renew my New Majority membership.

Member Name(s): _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Tel. : (_____) _____ Cell. : (_____) _____

Email: _____ @ _____

OPTION \$11,100 annually \$5,550 bi-annually

BY CHECK

Payable to/Mail to: New Majority San Diego
1800 Thibodo Rd.
Suite 300
Vista, CA 92081

BY CREDIT CARD

(Please PRINT clearly)

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Corporate Funds Personal Funds

Occupation: _____ Employer: _____

Name on Card if different: _____

Amount: \$ _____

Signature: _____ Date: _____ / _____ / _____