



## Business and Individual Friends of the Guild Membership Application

Please indicate one of the following:  Individual  Business

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_ Type of business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Business Friends (only), please indicate two additional authorized representatives from your company who may attend Guild functions:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Please sign and mail this application to the following address, along with a check or money order payable to the San Francisco Tour Guide Guild:**

San Francisco Tour Guide Guild  
Attn: Membership  
P.O. Box 170610  
San Francisco, CA 94117-0610

**Please check one of the following:**

\$100.00 for Business Friend of the Guild

\$50.00 for Individual Friend of the Guild

Check/Money Order #: \_\_\_\_\_

**Please consider my application for membership. I have read the Code of Ethics and Professional Standards and agree to abide by its provisions.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_