San Diego Brush Whackers
2026 ANNUAL MEMBERSHIP FORM

_____Birthday __/__
Last Name First month/day

Street_____

_____
City State Zip Code

Phone _____ Email_____

Emergency contact & relationship_____Phone#:_____

All newsletters will be emailed to members. We will print your name, address, phone #, e-mail and birthdate in our membership roster unless you circle information that you DO NOT want printed in the roster. Thank you for filling out our form clearly and **completely.** **Annual membership dues are $15.00.**

Make checks payable to: **San Diego Brush Whackers**

Mail to our Membership Chairperson: Donna Kidd Eledge 144 Landis Ave Chula Vista CA 91910
Questions: jdbeldg@yahoo.com or 619-857-8096 x___b___n___r____

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