



SAN MARINO CITY CLUB

www.sanmarinocityclub.org

Membership Application

I am pleased to submit the following information for membership in the San Marino City Club. I reside or work within the boundaries of the San Marino Unified School District and have enclosed my Dues check (as noted below).

Name for roster: _____ Nickname: _____

Residence address: (Check one for inclusion in directory ☐) Work address: (Check one for inclusion in directory ☐)

Contact Telephone: _____ E-mail: _____

Business or Profession: _____ Position: _____

Firm: _____ Telephone: _____

Brief biographical information (birthplace, education, career background, years in San Marino, family, sports, hobbies, avocations, civic/school participation, etc. – to be used for a brief introduction at a City Club meeting):

Birthday month: _____ Spouse's name: _____

Applicant's Signature: _____ Please indicate interests of serving on a Committee (Optional)

- ☐ Arrangements ☐ Civic Affairs ☐ Communications ☐ Finance and Club Accounting
☐ Membership ☐ Photography and Publicity ☐ Social ☐ Sports and Activities

Member's sponsor

Note: 2026 Annual Dues - \$300 (or \$265 if paid before 12-31-2025) Please return this completed form along with your dues check to:

**San Marino City Club Membership
P.O. Box 80122**

San Marino, CA 91118-8122

Your Dues check will be held until Board approval of your Membership application. Please allow 30-60 days for results.