

## Member Questions and/or Concerns Form



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

Requested by: \_\_\_\_\_

Received by: \_\_\_\_\_  
(OBMA representative)

Question or Concern: \_\_\_\_\_

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Please Fax, Mail or Drop off this form to:

**OBMA**  
1868 Bacon Street, Suite A  
San Diego, CA 92107  
Fax (619)224-4976  
Email: [obbid@nethere.com](mailto:obbid@nethere.com)

Date satisfied: \_\_\_\_\_ Officer/Staff: \_\_\_\_\_

signature