



Membership Form

Team Name _____

Head Cook _____

Team Address _____

City, State, and Zip Code _____

Email Address _____

Team Phone Number _____

Referred By _____

Bio **required for new members* _____

We/I _____

Hereby apply for membership to the MWBA and affirm a commitment to its rules, regulations, goals, and objectives.

Signature _____

- Membership 75\$

Please return this form with your dues to:

MWBA

C/O Kevin Bremer

P.O. Box 73

Palmer, NE 68864

Questions? Call 402-640-8704