



# 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 (For *New Members*, MWBA will pay for your second competition)

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