2027 MPBA Membership

NAME: _____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP CODE:_____

TELEPHONE: HOME: _____CELL: _____

EMAIL: _____

My signature below is evidence of my agreement to abide by and be bound by the rules and of the MPBA.

SIGNATURE:_____DATE:_____

MEMBERSHIP FEES (Circle one):

Adult membership: $40 Youth membership (18 & under as of Jan 1): $30

Membership is effective November 1 – October 31.

Competition Year January 1 – October 31. For open events held in or bordering MN, WI, ND, SD, IA, IL. *Additional states available upon request.

Please return form and check for membership fee to: MPBA, 16031 Lake Blvd, Center City, MN 55012.

Electronic payment can be made via venmo @verna-hultman

OFFICE USE ONLY

Received by:_____ Date:_____