

Mid-Atlantic BBQ Association

Membership Application

Date: _____

Select Membership type: **New Application** **Renewal**
(Please circle one)

- \$35 Individual Membership
- \$50 Family Membership
- \$100 Business Membership
- \$1000 15 Year Business Membership

Please mail completed form and registration fee to:

Mid-Atlantic BBQ Association
Attn: Membership Chairman
P.O.Box 1567
Media, PA 19063-9998

Make check payable to **Mid-Atlantic BBQ Association**

First Name _____ Last Name _____ Business Name _____

Address _____ City, State, Zip _____

Phone _____ Email _____ BBQ Team Name _____

What is your BBQ cooking skill level? Beginner Backyard BBQ Well Accomplished

Are you a member/leader of a BBQ competition team? Yes No

Do you own/operate a food related business? Yes No

Briefly describe:

Have you participated in public service such as Lions Club, Kiwanis, Sertoma or served on any kind of Board of Directors, have management skills; been elected or appointed to public office?

Do you have any specialized skills that could be applied to some of the Association's needs or activities such as plumbing, electrical, metal working, computer skills, writing/graphic arts, or food service experience?
