



# CBA Membership Sign-Up Form

Please complete the following information:

Business Name \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Business Address \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email (Include employees) \_\_\_\_\_

Website \_\_\_\_\_

\_\_\_\_\_

Type of Business (check one):

\_\_\_\_\_

Full Member \$200.00

\_\_\_\_\_

Non-Profit \$25.00



Mail completed form and membership fee to CBA PO Box 29 Casselton, ND 58012