



MEMBERSHIP APPLICATION

NAME:

ADDRESS:

CITY, STATE, ZIP CODE:

PHONE:

EMAIL:

A membership fee of \$50.00 is payable to MDBAA yearly. I

would like to become a member of MDBAA to help:

(Please check one or more)

- Honor Past MDBAA Recruit New MDBAA Educate/Build Awareness

Skills I can share with the organization:

(Please check one or more)

- Public Speaking Writing Working with Children/Youth
 Graphic Design Website Maintenance Computer Skills
 Social Media Marketing Event Planning Recruitment
 Fundraiser Other _____

Please tell us about yourself and what can you bring to MDBAA:

Thank you in advance for your willingness to be a part of this amazing organization.

Membership # _____