

C.T.B.A. MEMBERSHIP APPLICATION

Please fill out the application and mail it to: C.T.B.A., P.O. Box 205, Temple, TX 76503. Dues are \$40.00 per year – January 1 thru December 31st, per person. Send check or money order only payable to CTBA.

Please Print

Name: _____

Team Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (W): _____

Phone (C): _____

Email: _____

Team Members: _____

Comments to us.

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