

Alabama BBQ Association Membership Application

7	Check one:	New Application	Renewal
Applicant's Name:	_		
Cook Team (I/A):	Pro Team	Ba	ickyard Team
Mailing Address:			
Phone Number:			
Email Address:			
Annual Membership Type		Price	Extended Fees
Family or	CookTeam	\$40.00	
Non Cook Team		\$25.00	
		Total Enclosed	:
Method of Payment:	Credit Card	d Check Account Number:	Cash
Name on Card:		Expiration Date (mm/yy	γ):
Signature of Cardholder:		VCN# or 3-Digit Code:	
Please make checks pay	yable to:	The Alabama B	BBQ Association
Send completed application and payment to:		to: Suzanne Burton 4901 Universit Huntsville, AL suzanne@books	ry Sq., Ste. 3 35816
		Or call (256) 3	319-6767
For Official Use ONLY:	Da	Date of Application Review:	
Membership Approv	oved Cash / Check (I/A):		
Membership Denied	Expiration:		