



Membership Application

Business Member: \$100
Business Member - Auto Renew: \$90
2nd Business Member: \$50
Not-for-Profit Member: \$25
Resident Member: \$25

Mail to:
MBPA
P.O. Box 2394
Malta, NY 12020-8394

To apply online, please visit: www.MaltaBPA.com

Date _____ New Member _____ Renewal _____

Organization Name _____

Name of Representative _____

Title _____

Secondary Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Website _____

Describe Business/Service (10 words or less) _____

Are you willing to provide other MBPA members a courtesy discount on your products/services? Y N

Details of discount offered _____