

ABA

Alabama BBQ Association

Membership Application

Name of City: _____

Festival Name: _____

Contact Person: _____

Mailing Address : _____

Phone Number: _____

Email Address: _____

Names of 2 Board Members:

1. _____

2. _____

This application is for membership for the year _____.

Date application completed and returned _____.

_____ \$400 membership fee enclosed.

Please make check payable to: The Alabama BBQ Association

Mail application and payment to:

Kathy Swift, Secretary of ABA

571 Duffield Lake Road

Atmore, Alabama 36502