

PRDBA Membership Form

Name of Business or Organization: _____

Address (for member directory): _____

Mailing address if different from above: _____

Phone: _____ E-mail Address: _____

Please indicate if you wish to receive PRDBA e-mails including agendas & meeting minutes

Yes No

Contact Person: _____

Website and/or Facebook address as you would like it to appear in the member directory on the PRDBA website:

Any comments you wish to share with us:

Membership \$50

Donation

Please make checks payable to PRDBA, PO Box 142, Park Rapids, MN 56470