

C.T.B.A. Membership Application

Please fill out the application and mail it to: C.T.B.A., P.O. Box 4566, Temple TX, 76505. Dues are \$20.00 per year. Membership is effective Jan 1st thru Dec. 31st. Please send check or money order-no cash please.

Name: _____

Team Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone Number(s): _____

E-Mail: _____

Spouse: _____

Children: _____

Team Members: _____

Comments to us: _____
