

FREEDOM BUSINESS ASSOCIATION, INC.
Membership Application

Name of Business: _____

Address: _____

Mailing Address: _____
(If Different) _____

Phone Number: _____

Fax Number: _____

E-mail: _____

Contact Person(s) and title(s): _____

Please give a brief description of the service(s) you offer: _____

Please remit \$60.00 to: Freedom Business Association, Inc.
 N3989 Washington Avenue
 Freedom, WI 54130

If you have any questions, please contact:

Bob Van Eperen at 687-1551
or
Dr. Jim Ver Voort at 687-2250