

APPLICANT INFORMATION				
BUSINESS NAME:				
BUSINESS ADDRESS:				
CITY:	STATE:		ZIP CODE:	
PHONE:	EMAIL:	EMAIL:		
WEBSITE:			TITLE:	
PRIMARY CONTACT PERSON:			EMAIL:	
ADDITIONAL REPRESENTA	TIVE:		EMAIL:	
DESCRIBE YOUR BUSINESS	ACTIVITY:			
BUSINESS TO BUSINESS SPECIALS (IF YOUR BUSINESS HAS A SPECIAL OFFER OR DISCOUNT FOR YOUR FELLOW LEAGUE MEMBERS, PLEASE DESCRIBE IT BELOW.)				
DUES PRORATION THE HALSTAD BUSINESS LEAGUE OPERATES ON A FISCAL YEAR (JANUARY 1 TO DECEMBER 31), AND YOUR FIRST YEAR'S DUES ARE PRORATED FOR THE FISCAL YEAR. FOR EXAMPLE, INDIVIDUALS OR BUSINESSES JOINING IN JANUARY PAY AN ENTIRE YEAR'S DUES, WHILE THOSE JOINING IN AUGUST (THE SEVENTH MONTH OF THE FISCAL YEAR) WILL PAY 5/12 OR 42 PERCENT OF THE ANNUAL DUES.				
JOINING MONTH	PRORATED DUES	JOINING MONTH	PRORATED DUES	
January	\$100	July	\$50	
February	\$92	August	\$42	
March	\$84	September	\$34	
April	\$75	October	\$25	
May	\$67	November	\$17	
June	\$59	December	\$9	
TOTAL INVESTMENT (MAKE CHECK PAYABLE TO HALSTAD BUSINESS LEAGUE) \$				
SIGNATURE				
by or including the memb		presumed to include permiss	y content (text, pictures, artwork, etc.) supplied ion for the Halstad Business League to have full gue of any exceptions.	

Mail to:

Print name:



PO Box 297, Halstad, MN 56548 (218) 456-2172

Or scan and email to: halstadbl@gmail.com