

**NFRBMEA** INC.

# Membership Form

Annual NFRBMEA dues for June 1, 2024 - May 31, 2025

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First Name

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Last Name

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Address

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City

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State

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ZIP/Postal Code

*This is my:*

Office address

Home address

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Email

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Office Phone

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Opt. Ext.

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Cell Phone

*Membership type:*

**\$60 (USD) Active Dues**

*Current/former FBM instructors*

**\$30 (USD) Affiliate Dues**

*FBM education supporters*

**NFRBMEA TAX ID #41-1829527**

Send completed form with check, made payable to **NFRBMEA, Inc.** to:

**Debra Pike**  
**NFRBMEA Communications Director**  
**6540 65th Street NE**  
**Rochester, MN 55906**