

Na	me of Business:		
Ad	dress:		
Phone Number: Fax Nur		ımber:	
E-r	mail:		
We	ebsite:		
Fac	cebook Page:		
Со	ntact: Title:		
Sh	ort Description (3 lines or 240 characters):		
		Before 4/30/20	After 4/30/20
	Friend of DCBA	\$25.00	\$50.00
	Non-Profit (please include 501C3 number)	\$50.00	\$50.00
	Retail, Restaurant, Insurance, Lodging, Etc.	\$100.00	\$125.00
	Media, Banks (under \$1,000,000)	\$375.00	\$400.00
	Department Stores, Banks (over \$1,000,000)	\$575.00	\$600.00
	Please send this form with dues payment to:	<b>⊥</b> ⋒	Å
	DCBA	::	
	28 Washington Street Cumberland, MD 21502	DCE	D) BA