



Annual Membership Application Form

Name of Business or Individual: _____

Address: _____

Phone Numbers: _____

Email Address: _____

Membership Rates

Individual: \$30.00_____ Business: \$50.00_____

Make checks payable to: Ottertail Business and Community Association.
(OTBCA)

Mail Application form to: OTBCA

P.O. Box 201

Ottertail, MN 56571

Questions: rjgrobeck@gmail.com