

2026 MEMBERSHIP APPLICATION



If you would like to become a new member or renew your membership, please return this Membership Application with your remittance to the Holmen Business Association, P.O. Box 163, Holmen WI 54636.

Membership plaques/stickers will be available to you upon receipt of your dues and at monthly HBA membership meetings. If you would like an invoice, please contact us at HolmenBusiness@gmail.com.

MEMBERSHIP INFORMATION (please type or print)

Business Name: _____

Contact Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone #: _____ Cell Phone #: _____

Business Category: _____

Email Address: _____

Website Address: _____

- ☐ Please list my **COMPANY INFORMATION** on the HBA website
- ☐ Please list my **EMAIL INFORMATION** on the HBA website and receive association news
- ☐ Please use my **LOGO** on the HBA website (email logo to HolmenBusiness@gmail.com)

Additional contacts to be included in Membership (to receive newsletters, emails, notices, announcements, etc).

Name: _____ Email: _____

Name: _____ Email: _____

Annual Membership Dues: ☐ \$120 Business ☐ \$75 Civil / Non-Profit

Check payable to: Holmen Business Association

Total Amount Enclosed: \$ _____

Whether you are applying to be a new member or renewing your membership, please remember to email your logo to: HolmenBusiness@gmail.com
