



Tahquamenon Country Pathways Association

PO BOX 82
Paradise, MI 49768

www.tcpa.club
info@tcpa.club

TCPA BUSINESS ASSOCIATE FORM

DATE _____

Instructions: Print out the form. Mail the completed form and the annual business associate fee of \$25.00 to the address posted above. Make Checks Out to TCPA. Through this level of support your business will be listed on our website's Business Associate page with a link to your page for a period one year.

BUSINESS NAME _____

BUSINESS PHONE _____

BUSINESS URL _____

CONTACT NAME _____

MAILING ADDRESS _____

eMAIL ADDRESS _____

TELEPHONE NUMBER _____

\$25.00 FEE ENCLOSED _____

Office Use

Date Received _____

Amount Received _____

Receipt Sent _____

General Comment for Business Associate