

Massachusetts Beekeepers Association Membership Application



Application Date: _____

Check #: _____ Amount: _____

Membership Year: _____

New: _____ Renewal: _____

Memberships are based on the calendar year, and are due each January 1st

NAME(S): _____

ORGANIZATION: _____

ANNUAL MEMBERSHIP TYPE:	Individual	\$ 15.00	_____
	Family	\$ 25.00	_____
	Organization	\$50.00	_____

ADDRESS: _____

EMAIL: _____

PHONE: _____

Your County Beekeeping Association: _____

Completed applications along with payment made out to the "MBA" should be mailed to:

**MBA Memberships
425 North Avenue
Weston MA 02493**