

The membership year runs from January 1 through December 31.

Massachusetts Beekeepers' Association, Inc. 20__ Membership Form

Name(s) _____ / _____ / _____ last name
Please list all family members

Street/P O Box _____

City/Town _____ State _____ ZIP _____

Phone _____ E-Mail _____

Single _____ Family _____ County Org. _____
(\$15.00) (\$20.00) (\$25.00)

Renewal _____ Membership Last Paid (date) _____ New _____

Mail to the Treasurer as listed on the Membership page of the website

Please make checks payable to **MBA**