



\*\*The membership year runs from January 1 through December 31.\*\*

## Massachusetts Beekeepers' Association, Inc. 20\_\_ Membership Form

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

Street/P O Box \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Single \_\_\_\_\_ Family \_\_\_\_\_ County Org. \_\_\_\_\_  
( \$15.00 ) ( \$25.00 ) ( \$50.00 )

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**