

Massachusetts Beekeepers Association Membership Application



Application Date: _____

Check #: _____ Amount: _____

Membership Year: _____

New: _____ Renewal: _____

*All Memberships run from the date of the Annual Meeting in November
until the subsequent Annual Meeting.*

NAME(S): _____

ORGANIZATION: _____

ANNUAL MEMBERSHIP TYPE: Individual \$ 15.00 _____

Family \$ 25.00 _____

Organization \$50.00 _____

ADDRESS: _____

EMAIL #1: _____

EMAIL #2: _____

PHONE: _____

County Beekeeping Association: _____

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

**MBA Memberships
PO BOX 232, Marion, MA 02738**

Applications may also be emailed to correspondingsecretary@massbee.org

This Membership Application can also be downloaded from our web site www.massbee.org

Annual membership dues are subject to change; please check our web site for current information.