

# 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 1<sup>st</sup>***

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**