

NH Beekeepers Association
2017 Member Registration Form
(January 2017- December 2017)

Name(s) _____

Street address/PO Box _____ Apt./Unit _____

Town _____ State _____ Zip code _____

Phone _____ E-mail _____

Single \$15 ___ Family \$20___ Date of payment ___/___/___

New member _____ or, Membership renewal _____

Cash amount _____ or, Check amount _____

Bee Research Fund Donation in any amount(optional) _____

Change of address from previous one for renewing members? Yes: ___ No: ___

Newsletters will be available online at **nhbeekeepers.org** unless otherwise requested.

Members with no online access or for other reasons, please check here for paper copies of newsletters: ___

Please make checks out to NHBA and mail at:

NHBA
C/O Shahana Sharmin
47 Regency Drive
Dracut, MA 01826