

KEARSARGE BEEKEEPERS ASSOCIATION

2018 MEMBERSHIP FORM

Name(s) _____

Street or PO Box _____ Town _____

State _____ ZIP _____ Phone _____

E-Mail _____

Check: New or Renewal

Check one:

I would like to receive my newsletter by downloading it from the club website _____
(Saves \$ for the club) www.kbanh.org

OR

Please send a printed newsletter to my mailing address above _____

2018 DUES ARE \$20.00

Please make checks payable to: **KBA**

MAIL TO: Robin Gray

PO Box 275

Warner, NH 03278

NH Beekeepers Association
2018 Member Registration Form
(January 2018- December 2018)

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