



New Membership / Renewal Form

October 1, 2020 through September 30, 2021

Please fill out and either mail or bring with you to the meeting. Please print legibly.

Date _____

Name(s) _____ Phone # _____

_____ Phone # _____

_____ **No Changes to the below information (for renewals only)**

Address _____

Phone # _____

Email address #1 _____

(Email address needed to receive newsletter)

Facebook Account Name: _____

Membership type: Household \$20 (members live in same household)

Checks made payable to: Capital Area Beekeepers Association

Mail to:

Capital Area Beekeepers Association
 Attn: Treasurer
 PO Box 3915
 Concord, NH 03302

Deposit	
Wild Apricot	