

Fill out and mail payment made out to Mass. BIA to:

406 Fernwood Lane

Clinton, MA 01510-3927

Membership Application Form

	Single Membership (\$20)			New Member			
	Family Membership (\$25)			Ren	ewal		
	Business Membership (\$30)		All me	mbersh	ips expire on Ju	une 1	
		_					
Name							
(Orga	nization)						
Addre	ess						
City		State		Zip			
Membership # (if applicable)		Date of Birth					
Phone Number		Occupation					
Email							
Webs	ite (if applicable)						
Would you like to be on the BIA emailing lis				Yes	□ No		
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