

January 2020 thru December 2020

I am a new member I am renewing my membership

Individual \$25 *Family \$35 **Farm \$95

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

E-Mail Address: _____

Signature: _____ Date: _____

Please complete and mail with your check to: HAE PO BOX 1252 Hollis, NH 03049

*Family Membership: List family members below. (names & ages) (only allowed two voting members)

**Farm Membership: List 4 farm members below (names & ages) that will be allowed to vote (Only 4 Farm members allowed to vote)

Preference to receive newsletter: Email Mail (Please include mailing address if mail is preferred)