



Please fill out the form below and mail to: Jon Beverly, 27 Dartmouth Drive, Framingham, MA 01701
The membership fee is \$40 per registrant. Make check payable to: MBCA

First Name _____	Last Name _____
School _____	Position: _____ <small>(Freshman, JV, Var Asst., Head Varsity)</small>
Email _____	Phone _____
Membership Type (Circle One):	Active Allied

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