

# Membership Application 2026

Is Beach Haven your permanent residence? Yes\_\_\_ No \_\_\_

_____	_____	_____
Last Name	First Name	Spouse
Beach Haven Address Street_____	Permanent Residence Street_____	
Apt or Unit_____	City, State, Zip_____	
Local Phone ( )_____	Phone ( )_____	

Email Address \_\_\_\_\_

Membership Dues are \$25/year (Payments can be made online at [bhtaxpayers.org](http://bhtaxpayers.org) or make checks payable to BHTA, no cash please)

Please remit to: Beach Haven Taxpayers Association at above address

List any concerns/issues you wish the BHTA to support, oppose, or communicate to the Beach Haven Council.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form with your check or complete the form online and **pay by credit card.** Visit [www.bhtaxpayers.org](http://www.bhtaxpayers.org). We are always looking for members who wish to become active on Special Committees. Interested? Yes No

My interests include\_\_\_\_\_