

COLUMBIANA & MAHONING COUNTY BEEKEEPERS' ASSOCIATION, INC.

Membership Application

2020

Check one:

Individual Membership \$10.00

A voting member.

Family Membership \$15.00

Only two membership votes.

Junior Membership \$10.00

A voting member (according to Ohio law, members under age 18 may not hold office)

Please Print Your Membership Information

Name 1: _____

Address: _____

City: _____

State: _____ ZIP: _____ County: _____

Home Phone :(____) _____ Work :(____) _____ Cell :(____) _____

E-Mail Address: _____

Name 2: _____

E-Mail Address: _____

Home Phone :(____) _____ Work :(____) _____ Cell :(____) _____

TODAYS DATE: _____

\$ _____ Individual Membership (\$10.00) - age 18 and over

\$ _____ Family Membership - must reside at the same address (\$15.00).

\$ _____ Total Enclosed

___ I am willing to receive newsletters by email only.

___ I would like to be added to the 2020 Swarm List.

___ I will be a mentor.

___ I will speak at meetings.

I/We have been keeping bees' _____ years. I/We have _____ hives.

Please use the back of this form to tell us what you are interested in learning more about during the upcoming year. What programs would you like to see the association offer?

Dues are payable the first meeting of the calendar year. Membership may begin in any month. Dues paid during the interim carry to the end of the calendar year.

Please complete this form and return it, along with the dues, in an envelope to the next meeting or mail to **Columbiana & Mahoning Beekeeper' Association, INC. P.O. Box 420, Columbiana OH 44408.**

Make checks payable to: **COLUMBIANA & MAHONING COUNTY BEEKEEPERS' ASSOCIATION, INC.**

Bill Traynor