

Longview Beekeepers Association

Membership Application

For an **individual** membership, complete only the top portion of the form.

For a **family** membership, complete the top portion of the form with the main family member's contact information. List additional family members at the bottom of the application. Two family members are designated voting members.

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____

PHONES: Home: _____ CELL: _____

E-MAIL: Primary: _____ Secondary: _____

ANNUAL MEMBERSHIP DUES: \$10 for INDIVIDUALS, \$20 for FAMILIES – Dues are for the calendar year. 50% discount if joining after July 1. Please make checks payable to: Longview Beekeepers Association.

Check if you DO NOT want your contact information published in the - for member's only directory.

ADDITIONAL FAMILY MEMBERS (please designate the second voting member with a "V" in front of their name). Use reverse side for additional family members.

1. FULL NAME: _____

PHONE: _____ E-MAIL: _____

2. FULL NAME: _____

PHONE: _____ E-MAIL: _____

3. FULL NAME: _____

PHONE: _____ E-MAIL: _____

DO NOT WRITE IN THIS SPACE-OFFICE USE ONLY

Date: _____ New applicant Renewal Total Pd _____ Cash Check

Received by: _____ Database updated Added to Distribution List _____