



## Mountain State Beekeepers Association (MSBA) Membership Application

Membership includes all immediate family members residing in the listed household. Only one card will be issued per household listing all members.

Name: \_\_\_\_\_

Others in household to include in membership:

_____	_____
_____	_____
_____	_____

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Cell/Other): \_\_\_\_\_

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

Membership Dues (check box indicating choice):

- ☐ MSBA yearly membership dues - \$5.00 per year, \$15.00 if paid after March 15th of current year.
- ☐ MSBA life time membership option - \$50.00

Membership period is January 1st to December 31st.

Please make checks payable to Mountain State Beekeepers Assoc. and mail to:

Mountain State Beekeepers Assoc.

Attention: Treasurer

P.O. Box 173

Kearneysville, WV 25430

If you are unable to attend meetings and would like to receive your card in the mail, please include a self-addressed stamped envelope with your form and dues.

Please contact us by email ([info@mountainstatebees.org](mailto:info@mountainstatebees.org)) or Facebook ([www.facebook.com/mountainstatebees](https://www.facebook.com/mountainstatebees)) with any questions.