



WASHINGTON STATE BEEKEEPERS ASSOCIATION MEMBERSHIP APPLICATION

Name: _____
First Last

Address: _____

City

Prov/State

Zip Code

Phone: _____ **Email:** _____

I do do not [check one] consent to receive all official WASBA correspondence (including voting) electronically at the above email address.

Tell us about yourself:

Full time beekeeper? Yes No # of colonies? _____

How long have you kept bees? _____ Age group? under 25 25 - 40 41 - 65 65+

Which local Association are you a member of: _____

Membership: New Renewal

Payment due: \$25.00

Make check payable in US funds to: Washington State Beekeepers Association

Mail to: Washington State Beekeepers Association
PO Box 397
Selah WA 98942

I subscribe to the aims and objectives of the Washington State Beekeepers Association and agree to abide by its bylaws.

Signed: _____ **Date:** _____

Note: Applications must be completed in full and signed. Dues are payable on an annual basis for members who joined prior to June 1, 2016 and on the anniversary date for members joining thereafter. Dues are late if not paid within 45 days. Membership is subject to approval by the WASBA Board of Directors.

January 2017 27