



WASHINGTON STATE BEEKEEPERS ASSOCIATION 2018 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: _____

Highest Level WASBA Certification: None Apprentice Journeyman Master

For Journeymen and Masters, would you like your name to appear on WASBA's web site? Yes No

Membership: New Renewal

Payment due: \$25.00

Check (in US funds) should be made payable to: Washington State Beekeepers Association
And mailed to: 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. Renewals are late if not paid within 45 days of the renewal date. Membership is subject to approval by the WASBA Board of Directors.