

Application for Membership in the
North Carolina State Beekeepers Association

MEMBERSHIP # _____ Check one: New Membership Renewal

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____ Local Chapter (if applicable): _____

Phone: (_____) _____ - _____

E-Mail Address: _____

(If you would like to receive the NCSBA newsletter, *BEE BUZZ* on-line via email/web and **not have hard copy mailed**, please check here)

# of Hives	GPS Location or Address	# of Hives	GPS Location or Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERSHIP TERMS ARE JANUARY 1 THROUGH DECEMBER 31 ANNUALLY

1. I am enclosing annual **Individual** NCSBA **Membership** dues of **\$15.00** for the year:
2. I am enclosing annual **Commercial** NCSBA **Membership** dues of **\$30.00** for the year:
3. I am enclosing **Permanent** (one time payment) NCSBA **Membership** dues of **\$300.00**
4. I am enclosing **Permanent** (one time payment) NCSBA **Membership** dues of **\$150.00**

*** #4 you must be 55 years of age or older (furnish ID verification of age) (ex: drivers license) ***

Please make **check payable** to **NCSBA** and **mail** with this completed form to:

NCSBA, Laurie Shaw, Executive Secretary, 605 Poole Dr., Garner, NC 27529
*Phone 919-779-5709 x3 ** Fax 919-779-5642 lshaw@mgmt4u.com*