

Application for Membership in the  
**North Carolina State Beekeepers Association**

**Check one:**     **New Membership**             **Renewal**

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

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

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

County of Residence: \_\_\_\_\_ Local Chapter (if applicable): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

# 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 Drive**  
**Garner, NC 27529-5203**

**Phone: (919) 779-5709 ext. 2**  
**Fax: (919) 779-5642**  
**Email: [lshaw@mgmt4u.com](mailto:lshaw@mgmt4u.com)**