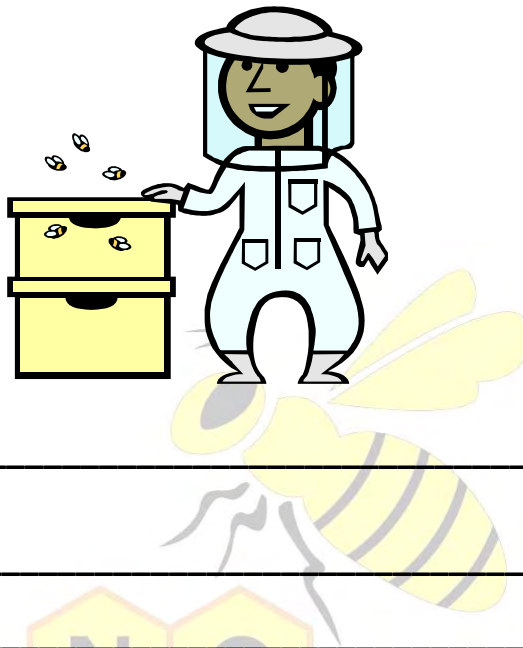


Johnston County Beekeeper's Association Membership Form



Name: _____

Address: _____

Phone: (_____) _____ - _____

Email: _____ @ _____

Membership terms are January 1 through December 31 Annually Please check desired membership:

<u>Membership Type</u>	<u>Amount</u>
Individual Membership to JCBA	_____ \$10
Family Membership to JCBA	_____ \$15

(Please list other family member's names to be included)

Do you want to be listed on our website? (Check applicable listings)

Swarms Honey sales Mentoring Pollination Education Novelties _____

Please make checks payable to JCBA

Check # _____ Amount \$ _____ Cash amount \$ _____

Date: _____/_____/_____