



Johnston County Beekeeper's Association Membership Form

Name: _____

Address: _____

Phone: (_____) _____ - _____

Email: _____@_____

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

Membership Type Amount

Individual Membership to JCBA _____ \$10

Family Membership to JCBA _____ \$15

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

1. Do you have any beekeeping interests or experiences you'd like to share with the club as a presenting speaker (about 45 minutes)? _____

2. What topics do you want to see presented at the monthly meetings or how do you think we can improve our club _____

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** Date: ____/____/____

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