

## Johnston County Beekeeper's Association Membership Form

Name:							
Addres	s:		Cit	ty:		State:	Zip:
Phone:				_			
Email: _							
Membe	ership terms a	are January 1 throu	gh Decemb	er 31 Annually	/ Please check	desired m	embership:
Membe	ership Type						
Individ	ual Membersl	hip to JCBA	\$15				
Family Membership to JCBA \$20							
(Please	e list other far	mily member's nan	nes to be in	cluded & ema	nil addresses)		
	□ N/A	beekeeping skill le	keeper	Journeyr	man Beekeepe	er 🗌 M	aster Beekeeper
2.	How many ac	ctive hives do you h	nave? ] 10-19	20-29	30-49	<u> </u>	99 🗌 100+
		sted on our websiteney sales	· — ·	· ·		Noveltie	s Other:
Please make checks payable to <u>JCBA</u>			Date:				
Check #	#	_ Check Amount \$	\$	Cash amou	ınt \$	Squ	are/Card Payment 🗌
Mail to	<b>:</b>						
Johnsto	on County Be	ekeepers Associatio	on				
2736 N	IC Highway 21	0.					

2736 NC Highway 210, Smithfield NC 27577