



Johnston County Beekeeper's Association Membership Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

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

Membership Type

Individual Membership to JCBA ☐ \$15

Family Membership to JCBA ☐ \$20

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

1. What is your beekeeping skill level?
☐ N/A ☐ Certified Beekeeper ☐ Journeyman Beekeeper ☐ Master Beekeeper

2. How many active hives do you have?
☐ 0 ☐ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30-49 ☐ 50-99 ☐ 100+

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

☐ Swarms ☐ Honey sales ☐ Mentoring ☐ Pollination ☐ Education ☐ Novelties Other: _____

Please make checks payable to **JCBA** Date: _____

Check # _____ Check Amount \$ _____ Cash amount \$ _____ Square/Card Payment ☐

Mail to:

Johnston County Beekeepers Association

2736 NC Highway 210,

Smithfield NC 27577

2025