

APPLICATION FOR EJBEES MEMBERSHIP

Please fill out the information below and mail it, along with your check made payable to EJBA, to the following address:

EJBA
PO Box 512
Chimacum, WA 98325



Welcome! We look forward to seeing you at a meeting soon!

Name(s) _____

Address: _____

Phone: _____

Email: _____

Individual Membership - \$30

or

Family Membership - \$45

Total Enclosed: _____

Yes—I (we) want to take the Beginning Beekeeping Course! *(please “check” the box!)*

Number of participants: _____