

# Membership Form

DATE: \_\_\_\_\_

NAME(s): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Membership Dues - \$15.00 Family Membership - \$20.00 (*in same household*)

Make checks payable to West Georgia Beekeepers Association with this completed form:

Are you an experienced Beekeeper? \_\_\_\_\_ How many years? \_\_\_\_\_

How many colonies? \_\_\_\_\_ Are you a member of any other Association? \_\_\_\_\_

If yes, list others: \_\_\_\_\_

Are you a Member of the Georgia Beekeepers Association? \_\_\_\_\_

Are you in a Master Beekeeping Program? \_\_\_\_\_ What level? \_\_\_\_\_

Date and location: \_\_\_\_\_ Are you a Welsh Honey Judge? \_\_\_\_\_