



2019 Membership Application

We welcome beekeepers and people interested in learning about the honey bee and beekeeping as a commercial or non-commercial activity. Calendar year dues are \$40 per individual, which provides you with voting rights. We appreciate your support!

First Name _____

Last Name _____

Address _____

City & Zip Code _____

Phone _____

Email _____

Do you consent to having your contact information shared amongst other members? This would only include your first name, city, phone and email. Having a list of members will facilitate communication, especially when a problem arises and you need timely advice.

Circle YES NO

How many years have you been keeping bees? _____

How many colonies do you keep? _____

Do you consent to receive CWBA official correspondence via electronic communication at the above listed email address? Circle YES NO

Do you agree to abide by the CWBA Constitution and By-Laws? Circle YES NO

(optional) Please circle your age group: Under 25 25-40 41-65 Over 65



(name of member)

RECEIPT FOR \$40 FROM THE CENTRAL WASHINGTON BEEKEEPERS ASSOCIATION FOR THE CALENDAR YEAR 2019. ONLY PAID MEMBERS MAY VOTE ON CWBA BUSINESS MATTERS. **THANK YOU FOR YOUR SUPPORT!**