



MEMBERSHIP APPLICATION/RENEWAL

SPRING FALL
YEAR: _____

CONTACT INFORMATION:

NAME _____

SPOUSE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ CELL # _____

EMAIL ADDRESS _____

In order to conserve funds, our newsletter and other communications will be delivered to you electronically. Check this box if you would prefer to receive printed materials in the mail instead, and do not include your email address above.

Please check this box if your information includes any change in your contact information.

MEMBERSHIP DUES:

- | | | |
|--|------------------------|------------|
| <input type="checkbox"/> Associate | no bee colonies | \$ 10.00 |
| <input type="checkbox"/> Hobbyist | 1-50 colonies | \$ 15.00 |
| <input type="checkbox"/> Sideliner | 51-299 colonies | \$ 35.00 |
| <input type="checkbox"/> Commercial | 300+ colonies | \$ 75.00 |
| <input type="checkbox"/> Lifetime Member | any number of colonies | \$ 1000.00 |

Please make checks payable to: **Arkansas Beekeepers Association**



Send this completed form with your check to:

Arkansas Beekeepers Association
c/o Kelly Edwards
19205 Hwy 62
Garfield, AR 72732

You may also join/renew online at our website: arbeekeepers.org/join.html