

2019 NE MN Beekeepers Association

Membership Application /Membership Form

To keep our records up to date please fill out the information below.

New Applications for membership ___ Renewal of membership ___ (please check one)

First name: _____ Last name: _____

Family member names if family membership: _____

Mailing Address:

Street Address: _____

City: _____

State: _____

Zip code: _____

E-mail: _____

Home Phone: _____

Cellphone: _____

Do you want the following in the club directory to be shared with other club members? Please circle your answer.

Name:	YES	NO
Address:	YES	NO
Phone numbers:	YES	NO

Do you want to be accepted to the club's Facebook page? YES NO

What speakers or topics would you like to hear about at upcoming meeting?

Would you be willing to coach a new beekeeper? YES NO

If so, how are you available? BY PHONE ONSITE Other:

Would you be willing to volunteer to be on a club committee? YES NO

Number of years you have been keeping bees: _____

Number of hives you had last year: _____

Minnesota ST3 on file: YES NO ATTACHED DECLINED

This form can be brought to a regular meeting or mailed with a \$20 annual individual or family membership fee to:

NEMBA

PO Box 16272

Duluth MN 55816