

2024 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: _____

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: _____

This form (and your check for \$20 if you have not already paid online) can be mailed to:

NEMBA

PO Box 16272

Duluth MN 55816