

# 2026 NE MN Beekeepers Association

## Membership Application /Membership Form

To keep our records current, please complete 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**