

Mt. Baker Beekeepers Association

Last Name: _____ **First Name:** _____

Mailing Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Mobile: (Do Not Publish) _____

Home: (Do Not Publish) _____

Work: (Do Not Publish) _____

Email: (Do Not Publish) _____

Membership Type:

- Single Annual membership: \$20.00**
- Family Annual Membership: \$30.00**
- Student Annual Membership \$5.00 (Non-Voting)**

I am a student at: _____

Check if you would like to be enrolled in MBBA's online discussion group

Check if you would to receive and electronic subscription to BeeBits

I **do** **do not** (Check One) consent to receive all official MBBA correspondence electronically at the above email address.

Signed: _____ **Date:** _____

- Pay with PayPal**
- Fill Out Form, Print and Make Check (no cash) Payable to MBBA.**

Mail Form with Check To:
MBBA Treasurer
3605 19th Street
Bellingham, WA 98229

(You may also bring this form with your check to a regular meeting of MBBA and submit to the treasurer.)

Notes: Applications must be completed in full and signed. Dues are payable annually within 30 days of your enrollment anniversary. MBBA makes it membership list available to other club members to facilitate intra-membership communication. Your information is never shared or disclosed to any third parties or vendors. Any items checked "Do Not Publish" will be withheld from the general membership and available to the MBBA Board of Directors.