Mt. Baker Beekeepers Association

Applications must be completed in full and signed. Please enter information clearly.

Last Name:		First Name:(As you want it to appear on your name tag at meetings.)				
		(As you wan	t it to appear on	your name tag at	meetings.)	
Mailing Add	lress:					
City:		State/Province:			Zip/Postal Code:	
Primary Phone:		Alternate Phone:				
Email:						
	Your	information is ne	ever shared or dis	closed to any thi	rd parties or vendors.	
	nual membersh		2 votes are wan	ted, pay for 2 sin	gle memberships)	
☐ Student /	Annual Membe	rship \$5.00 (Non	-Voting)			
I am a stude	ent at:					
Months	Jan Mar.	Apr Jun.	Jul Sep.	Oct Dec.		
Single	\$20	\$15	\$10	\$5		
Family	\$30	\$22.50	\$15	\$7.50		
Dues are pro	orated (see the	above chart) unt	il January when t	he next year's du	ues are payable in full.	
Dues payment:		Name on second tag if needed:				
			/IBBA's online dis MBBA correspor		cally at the above email address.	
Signed:			Date:			
Fill Out Forn	n, Print. Make (Check (no cash) P	Payable to MBBA.	Mail Form with	Check To:	
MBBA Treas 3605 19th S Bellingham,	treet					

(You may also submit this form with your Check or Cash to the Treasurer at a regular MBBA meeting.)