

BROWARD BEEKEEPERS ASSOCIATION, Inc

MEMBERSHIP APPLICATION

(Complete and return to P.O. Box 8240, Coral Springs, FL 33075)

Call (812)-BEE HIVE (233-4483) for additional information.

Mission Statement: The objectives of this organization shall be to promote an awareness of the benefits of beekeeping within Broward County and its surrounding areas, and to provide a forum for the interchange of ideas regarding beekeeping.

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

Phone: (home) _____ (mobile) _____

Email: _____@_____

Level of Expertise: (check one or more)

Wannabee _____

Novice _____

Hobbyist _____

Experienced _____

Expert _____

Commercial _____

If you have hives now, where do you keep them ? _____

Are you currently a registered beekeeper ? Yes ___ No ___

Dues are \$30 per year and all monies are used for educational purposes. Dues are considered donations and are non-refundable. The Broward Beekeepers Association, Inc is a not-for-profit organization and all donations are tax-deductible. **Make checks payable to Broward Beekeepers Association, Inc** and mail to the address above.

Thank you.

By signing below, I am applying for membership in the Broward Beekeepers Association, Inc and agree to abide by the Charter and Bylaws of this organization.

Signature: _____ Date: _____