

Susquehanna Beekeepers Association 2017 Membership Form

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Please provide names of additional family members on reverse side.

Address: _____

City, State & Zip: _____

Home Phone: _____ Mobile Phone: _____

Newsletters and SBA updates are sent via email.

Email Address(s): _____

Email Address(s): _____

- I am a new member.
- Please **list**/ **do not list** my contact information in the SBA membership directory.
(Directory is only available to SBA members)
- Single Membership- \$15.00
- Family Membership (One residence)- \$30.00
- Single Life Membership- \$150

Please make checks payable to **Susquehanna Beekeepers Association**. Sorry, we are unable to process online submissions, PayPal, or credit cards at this time.

1. How many colonies do you currently have? _____
2. How many years have you kept bees? _____
3. Would you be willing to mentor a new beekeeper? _____
4. Would you like to have a beekeeping mentor? _____
5. Suggested meeting speaker topic(s)? _____
6. What would you like to learn this year? _____
7. What is/was your occupation? Would you like to share your talents or help with SBA events/committees? _____
8. What do you hope to gain from your SBA membership? How would you like SBA to better serve you with your beekeeping journey? _____
- _____
9. What are your beekeeping goals? _____

Please feel free to include further comments/suggestions on the reverse side. ⇨

Please provide or mail this completed form with payment to:

Pat Endres, 801 N. Pine Ridge Ct, BelAir, MD 21014

Amount: _____ **Check #** _____ **Cash (If paying in person)** _____