



Membership Application

Date	
Name	
Additional Names (if Family Membership)	
Street Address	
City, State, Zip Code	
Email Address	
Phone (cell is preferred for text blasts)	
Number/Type of Hives?	
New Member or Renewal?	<input type="checkbox"/> New <input type="checkbox"/> Renewal
Can we share your information with other members of BCBA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Individual Dues: \$15

Family Membership: \$20

**Membership dues are for a calendar year.*

Make checks payable to: Bucks County Beekeepers Association

Mail to: BCBA
P.O. Box 711
Doylestown, PA 18901

REMINDER

Pennsylvania requires that every beekeeper in the Commonwealth be registered. The registration costs \$10.00 for a two calendar-year period and covers all apiaries and hives owned by that person.

For more information on how to register via mail in form or web, visit www.bucksbeekeepers.com.

Your membership packet will include a mail in form for your convenience.

**Bucks County Beekeepers Association
Membership Application**

For Internal Use

\$15 or \$20

Cash or Check

Entered _____

Date: _____

Initials: _____

www.bucksbeekeepers.com | info@bucksbeekeepers.com