

Membership Application — Center Of Michigan Beekeepers

Name _____ Spouse's Name _____ (optional)

Address _____

City _____ State _____ Zip Code _____

Phone No. (_____) _____

E-mail _____ No. Colonies _____ (optional)

Dues are \$10.00 per year (from January 1 to December 31)

Make checks payable to C.O.M.B.

Mail to:

Deb Foote, Treas.
3858 West French Rd.
St. Johns, MI 48879

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