

2017 L.C.B.A. Membership Form
PRINT CLEARLY & LEGIBLY

Date: _____

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Enclosed is \$20.00 for each year membership desired which includes the newsletter e-mailed. You must include your e-mail above.

Payment Enclosed \$ _____ Check # _____
(cash / check / money order) Payable to: Lorain County Beekeepers

Information is also available at www.loraincountybeekeepers.org

The above person/family has applied for membership in the Lorain County Beekeepers Assoc. The adult members of the applicant family 18 yrs. and older are requested to take part in the annual association election of officers as to conduct the regular business of the association. Youth members are welcome to join in on all other association activities.

Memberships run on a calendar year basis (January to December). The above person/family acknowledges that their contact information will be added to the membership list. This list is a controlled item and will be used only for L.C.B.A. business and will not be used for any other purpose.