



# 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](http://www.bucksbeekeepers.com).

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

**Bucks County Beekeepers Association  
 Membership Application**

<p><i>For Internal Use</i>          \$15 or \$20          Cash or Check          Entered _____          Date: _____          Initials: _____</p>
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[www.bucksbeekeepers.com](http://www.bucksbeekeepers.com) | [info@bucksbeekeepers.com](mailto:info@bucksbeekeepers.com)