



2019 L.C.B.A. Membership Form

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)

Please make checks payable to: Lorain County Beekeepers and mail to:
Gene Gargas, LCBA Treasurer, 2410 Brook Haven Lane, Hinckley, OH 44233

Information is also available at our website, www.loraincountybeekeepers.org. Memberships run on a calendar year basis (January to December).

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 to conduct the regular business of the association. Youth members are welcome to join in on all other association activities.

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.

I acknowledge the risks involved in beekeeping activities which include and not limited to: stings, falls, shock, allergic reactions and personal injury. I agree to hold harmless Lorain County Beekeepers Association free from any liability, including financial responsibility for injuries or property damages, regardless of whether injuries are caused by negligence in the State of Ohio.

Signature

Date