

L.C.B.A. Membership Form

LCBA c/o
Dave Williams
11923 Green Rd.
Wakeman OH 44889

PRINT CLEARLY & LEGIBLY

Date: _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-Mail _____

Enclosed is **\$25.00** for each year membership desired if receiving by **mail**, or **\$20.00** if receiving by **e-mail**. **You must include your e-mail above.** Payment Enclosed \$ _____ (check | money order) Payable to Lorain County Beekeepers Membership can also be done on the web site through Pay Pal. 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). Check your newsletter label for expiration date.

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.