Ashland Beekeepers Association 20___ Membership Application (please print)

_____ _____

Last name First name

_____ _____

Last name First name

_____ _____ _____

Mailing Address City Zip Code

_____ _____

Home phone Cell phone(s)

_____

E-mail address(es)

Please check one: ☐ individual membership ($10.00) ☐ family membership ($15.00)

Please make checks payable to: **Ashland Beekeepers Association** and mail to **P.O. Box 1351, Ashland, VA 23005**