

**Ashland Beekeepers Association 20\_\_ Membership Application (please print)**

\_\_\_\_\_  
Last name                      First name                      Cell Phone

\_\_\_\_\_  
Last name                      First name                      Cell Phone

\_\_\_\_\_  
Mailing Address                      City                      Zip Code

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
E-mail address(es) – If Family Membership/Multiple emails, please indicate name with email address

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**