

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

E-mail address (primary only)

Membership \$20.00 – if any members of immediate household wish to be included, please list their name(s) above.

Please make checks payable to: **Ashland Beekeepers Association**

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