

Central Ohio Beekeepers Association Membership Form

INDIVIDUAL MEMBERSHIP: One Year \$15 Three Years \$30

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

Year/s you took Bee School or first joined COBA _____

FAMILY MEMBERSHIP: One Year \$25 Three Years \$60

Please list family members above 13 years old.

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

Year/s you took Bee School or first joined COBA _____

NAME _____

PHONE _____ EMAIL _____

NAME _____

PHONE _____ EMAIL _____

NAME _____

PHONE _____ EMAIL _____

NAME _____

PHONE _____ EMAIL _____

PAY THROUGH THE PAYPAL LINK ON THE WEBSITE OR BY CHECK.

If paying by PayPal, **please print this form** and email it to Winnie Williams at cobeenews93@gmail.com.

If paying by check, please print this form and mail it, with the check made out to:

Central Ohio Beekeepers Association
c/o Winnie Williams
5672 Payton Way
Columbus, OH 43235