



Lewis
County
Beekeepers
Association

Providing Education in Sustainable Beekeeping

Office use only

DATE _____

cash e-pay check# _____

class attendee fair special

MEMBERSHIP APPLICATION / RENEWAL FORM

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: Daytime (____) -- ____ -- _____ Evening (____) -- ____ -- _____

Email _____

***Please mail your completed application and if applicable, dues to LCBA's
Treasurer: LCBA Treasurer, Box 461, Chehalis, WA 98532***

Annual Dues & Amenities:

_____ \$40: **Regular** or Family Annual Membership (only one vote per membership in LCBA elections)

_____ \$20: **Junior** Membership (under 21)

_____ No fee: **Youth** Membership (under 18)

_____ \$ 10: LCBA name badge, \$10 each. If you'd like more than one, please note names here:

Badges will not be ordered until spring 2026.

_____ \$ **TOTAL**

Please make checks payable to LEWIS COUNTY BEEKEEPERS' ASSOCIATION (no abbreviations).

_____ Please initial here to indicate that you authorize electronic communication (email) for notification of meetings, dues notices, newsletters, election ballots, and other club business. If you do not authorize electronic communication (email), please note where to mail your club communications like election ballots or bylaws changes, if it is not the mailing address noted above:

_____ Please initial here if you choose **not** to share your contact information with other LCBA members.

What is your Beekeeping experience? Beginner _____ Intermediate _____ Advanced _____

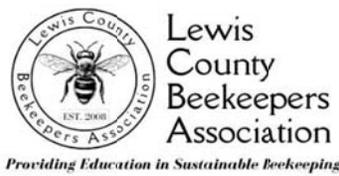
How many years of Beekeeping? _____ Would you be willing to mentor beginners? _____

Do you have bee equipment, supplies or skills that you'd be willing to loan, share or teach with/to other members? _____ If so what? _____

For information on LCBA Upcoming Events, visit our website: www.lewiscountybeekeepers.org.

Please sign our Hold Harmless Agreement to participate in workshops & other events (over):

WAIVER / RELEASE AND ASSUMPTION OF RISK



As a member of the Lewis County Beekeepers' Association, or as a guest at any of its sponsored events, and in consideration of the right to participate in said sponsored events, and for other adequate consideration, the undersigned acknowledges and agrees as follows:

1. There is a potential risk of injury, sickness, or death from activities involved in beekeeping, and while reasonable care and attention may reduce such a risk, the damages noted above still remain;
2. With knowledge of such risks, the undersigned knowingly, willingly, and freely assumes all risks, both known and unknown, which may ever result from the negligent acts or omissions of LCBA, its employees, agents, officers, directors, members, or other invitees at their events. With such risks known and appreciated, the undersigned assumes full responsibility for any injuries, damages, or claims which may arise as a result of my participation in any event sponsored or offered by LCBA.
3. As an observer or participant in any event sponsored or offered by LCBA, I willingly agree to abide by all safety rules listed for any such event and follow the instructions of the leader at the event. If I observe any unusual situation or hazard, personal to me or my family members in attendance, I will take responsibility for removing myself or my family members from the scene and bring such concern to the attention of the nearest Instructor or LCBA representative.
4. As an attendee, member, or participant in any LCBA event, I hereby agree to personally, and on behalf of my heirs, assignees, personal representatives, or next of kin, RELEASE AND HOLD HARMLESS the LCBA, its officers, agents, directors, members, instructors, and, if applicable, owners, lessors, or lessees of any subject premises used to conduct LCBA activities or events (Collectively, "Releasees") from all liability for any injury, disability, death, loss, or damage to personal property or loss of earnings, to the fullest extent of the law, whether arising from the negligence of the Releasees or otherwise.

For Participants of Minority Age

5. In the event that any minor child of mine attends or participates in any LCBA event, the following Release/Hold Harmless shall apply:
The undersigned as the parent or legal guardian of any minor child who participates or attends an LCBA event, does hereby consent and agree on his/her behalf to release, indemnify, and hold harmless all Releasees as defined in paragraph four (4) above from all liability for any and all injuries, damages, or loss incident to any said minor child's attendance, involvement, or participation in such event or program as described above, even if arising from the negligent acts or omissions of the Releasees.

Date: _____

Participant's Printed Name

Participant's Signature

Parent/Guardian and child's name (printed)

Parent/Guardian's signature