



ROCK COUNTY BEEKEEPERS' ASSOCIATION  
MEMBERSHIP APPLICATION 2026

INSTRUCTIONS: MEMBERSHIP DUES ARE \$25 FOR THE PRIMARY MEMBER OR \$35 FOR A HOUSEHOLD. APPLICATIONS FOR **NEW MEMBERS ONLY** RECEIVED AFTER JUNE 30 WILL BE PRORATED TO \$10 FOR ONE MEMBER OR \$15 FOR A HOUSEHOLD. 'SUPPORT A SPEAKER' MEMBERSHIPS ARE \$100. LIFETIME MEMBERSHIPS CAN BE HAD FOR \$500 AND INCLUDE EXTRAS.

MEMBERSHIPS EXPIRE DECEMBER 31 OF THE CURRENT YEAR. INFORMATION MUST BE **FILLED OUT IN ITS ENTIRETY** AND SUBMITTED WITH DUES TO THE CLUB SECRETARY NO LATER THAN **APRIL 30**.

MAKE CHECKS PAYABLE TO: ROCK COUNTY BEEKEEPERS' ASSOCIATION

MAIL TO: RCBA C/O

MARY LINK  
3538 W TRIPP RD  
JANESVILLE, WI 53548

CHECK ONE:  MEMBER RENEWAL  NEW MEMBERSHIP  SUPPORT A SPEAKER  LIFETIME

**PRIMARY MEMBER -**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE(S): \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PREFERRED METHOD OF CONTACT:  EMAIL  PHONE

BEST TIME TO BE CONTACTED: \_\_\_\_\_

**SECONDARY MEMBER-** (List additional members on back)

NAME: \_\_\_\_\_

PHONE(S): \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PREFERRED METHOD OF CONTACT:  EMAIL  PHONE

BEST TIME TO BE CONTACTED: \_\_\_\_\_

DO YOU WISH TO BE INCLUDED IN A MEMBERS ONLY DIRECTORY  YES  NO

I AGREE TO SHARE MY INFORMATION WITH OTHER MEMBERS. I FURTHER AGREE - I WILL NOT SHARE OTHER MEMBERS' INFORMATION WITH NON-MEMBERS UNLESS PERMISSION HAS BEEN GRANTED BY ALL PARTIES.

I DO NOT WISH MY PHOTO OR PERSONAL INFORMATION TO BE POSTED ON ROCK COUNTY BEEKEEPERS FACEBOOK PAGE OR ROCK COUNTY BEEKEEPERS WEBSITE

FOR OFFICE USE ONLY:

DATE RECEIVED:

AMOUNT RECEIVED:

PAYMENT METHOD:  CASH  CHECK # \_\_\_\_\_  CC(PAYPAL): \_\_\_\_\_

MEMBERSHIP EXPIRATION DATE: