**Membership Form**

**Mountain Empire Beekeepers Association (MEBA)**

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| --- | --- | --- | --- | --- | --- |
| **Name(s):** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Address:** |  |  |  |  |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Phone: cell:** |  | **home:** |  |  |  |
| **Email:** |  |  |  |  |  |

**MEMBERSHIP DUES**

MEBAdues are per person/family and entitles member/family to 1 vote. Please visit our web page at: [Join Us (mountainempirebeekeepers.org)](https://mountainempirebeekeepers.org/join-us-1) for current dues amount and to make payment. Dues are for the current calendar year and are not pro-rated and are nonrefundable. If you do not have access to a computer, you can complete this form and send it along with payment to the Treasurer.

**NOTICE TO ALL MEMBERS OF MEBA**

The Membership Directory will be made available to all MEBA members unless you specifically exclude the release of your information.

**Opt-Out Provision-Authorization**

**I DO NOT want MEBA to disclose my directory information as listed above.**

**(You must check the box to exclude your information)**

**STATEMENT OF INTENT**

**I desire to join MEBA and agree to abide by the Constitution and Bylaws thereof:**

Signature(s) Date

Note: If submitting this form electronically, please type your name(s) in the signature block and sending it constitutes your signing and agreement.

