

Membership Form

Mountain Empire Beekeepers Association (MEBA)

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____
Phone: cell: _____ home: _____
Email: _____

MEMBERSHIP DUES

MEBA dues are per person/family and entitles member/family to 1 vote. Please visit our web page at: [Join Us \(mountainempirebeekeepers.org\)](http://mountainempirebeekeepers.org) 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.

