



30th Annual Beginner Beekeeping Class 2025

Lorain County Beekeepers Association

Class Dates: March 7, 14, 21, & 28



Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Cost, \$20 includes the class, a 1-year LCBA Membership and a monthly email newsletter for you and other family members living at the same address. Books will be available for an additional \$25 fee during classes. Please list additional family members that will be attending the class with you: _____

How did you hear about this class? _____

Payment options: ☐ \$20 Cash ☐ Check ☐ Pay Online at UBMe

Please make checks payable to: Lorain County Beekeepers Association

Please email to Marilyn at m.teep70@gmail.com

or mail form to:

Lorain County Beekeepers Association
P.O. Box 144, Lagrange, Ohio 44050

Please contact Marilyn with any questions at teeppeop@aol.com allowing 24 hours for messages to be returned. The above person/family acknowledges that their contact information will be added to the membership list. This list is a controlled item and will be used only for L.C.B.A. business and will not be used for any other purposes.

I acknowledge the risks involved in beekeeping activities which include and not limited to: stings, falls, shock, allergic reactions and personal injury. I agree to hold harmless Lorain County Beekeepers Association from any liability, including financial responsibility for injuries or property damages, regardless of whether injuries are caused by negligence in the State of Ohio.

Signature: _____ Date: _____

www.loraincountybeekeepers.org