



# St. Croix Valley Beekeeper's Association

**PLEASE PRINT** clearly, all applicable information and submit it to the Membership Chair with payment to the Treasurer or Secretary. Renewing members please update all contact information. **Items in BOLD are required:**

Date: \_\_\_\_\_ Please check one: **New Member** **Renewing Member**

**First Name** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Years in Beekeeping: \_\_\_\_\_ # of Hives: \_\_\_\_\_

Do you need a mentor? (please circle) Yes No

Additional member at this address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional member at this address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**SCVBA membership dues for 2023**

**\$20 / voting member**

**\*\*Please make your check payable to: St. Croix Valley Beekeeper's Association Treasurer.**

**Office use only:**

Dues Paid and Accepted by: \_\_\_\_\_ Check#: \_\_\_\_\_ Cash: \_\_\_\_\_

(Officer accepting payment sign above and on receipt)

