



St. Croix Valley Beekeeper's Association

Application for Membership/Renewal 2019

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 circle one: **New Member** **Renewing Member**

Full Name: _____

E-mail Address for club communications: _____

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: _____ Occupation: _____

Additional member at this address: _____

E-mail Address: _____

Phone: _____ Occupation: _____

SCVBA membership dues for 2019

\$20 / address

Please make your check payable to: **St. Croix Valley Beekeepers Association Treasurer.

Office use only:

Dues Paid and Accepted by: _____ Check#: _____ Cash: _____

(Officer accepting payment sign above and on receipt)