



# St. Croix Valley Beekeeper's Association

Application for Membership/Renewal

**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**

**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 2020**

**\$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)*