



Membership Form

First name	
Last name	
List all members in household	
Email address	
Cell phone	
Home phone	
Address	
City, State, Zip	

Can we share your information publicly with other club members? Yes No

Years of beekeeping experience: _____

Number of Colonies you have: _____

Are you interested in receiving calls to catch swarms? Yes No

Are you interested in volunteering with the following?

- ☐ Package pick-up/distribution
- ☐ Medication
- ☐ Extractor hosting/coordination
- ☐ Social activities (monthly treats, arrange member events)
- ☐ Observation hive setup, maintenance, hosting, transporting
- ☐ Education
- ☐ Ravalli County Fair
- ☐ Honey Festival

Do you have a particular skill to share with the group? _____

☐ Yes, I would like to purchase a \$25 Annual Membership

Please make checks payable to **Bitterroot RC&D** and mail to:

Beekeepers of the Bitterroot, c/o Barbara Logan, 790 Bauer Ln., Corvallis, MT 59828.

Club Use Only: Dues Paid _____ Payment Method _____ Date _____