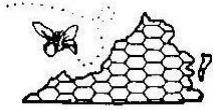


VIRGINIA STATE BEEKEEPERS' ASSOCIATION

A STATEWIDE ORGANIZATION OF VIRGINIA APICULTURISTS



Membership Form

(Please **PRINT** clearly~thanks)

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____
(please print)

I prefer to receive my quarterly newsletters (choose one):

- by email
- by hardcopy US Mail



DUES: VSBA membership year runs from 1July to 30June. If you join between 1January and 30June, please pay \$15 for 18 months.

If a current member of a local Virginia association - \$10 per person / family \$ _____
(Entitles member(s) to one vote)

I am a current member of _____
(VA beekeeping association name)



NOT a member of a local Virginia association - \$12 per person / family, or \$18 \$ _____
for 18 months, if joining between 1January and 30June. (Entitles member(s) to one vote)

If family members each wish a separate vote, each pays dues. Please submit separate membership forms.

Make checks payable to: VSBA

**Mail to VSBA treasurer: Ian Henry
5771 Hill Top Street
Crozet, VA 22932**

Questions? Email Ian at treasurersvsba@gmail.com or phone at 434-823-8600