

Application for Membership  
in the North Carolina State Beekeepers Association (11-21-16)

Please complete the form completely and legibly.

**Check one:** New Membership       Renewal       **MEMBERSHIP #:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

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

**Phone:** \_(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ **Email address:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_ **Local Chapter:** \_\_\_\_\_

You can be listed under only one local Chapter in the NCSBA "Yellow Book" membership directory.

**IF YOU CHOOSE TO BE DESIGNATED "AT-LARGE" WITH NO CHAPTER AFFILIATION, CHECK HERE:**

The "Yellow Book" membership directory is mailed to active members annually as a printed copy. It is not available electronically.

**IF YOU DO NOT WANT TO RECEIVE A HARD COPY OF THE "YELLOW BOOK", PLEASE CHECK HERE:**

**The NCSBA Privacy and Communication Policy is posted at**

<http://www.ncbeekeepers.org/ncsba-privacy-and-communication-policy>

Please indicate your email preferences by checking the appropriate boxes below.

I want to receive the NCSBA quarterly *Bee Buzz* newsletter by (check ONLY ONE):

**EMAIL**       **POSTAL MAIL**       **NONE (I don't want it)**

I want to receive notices of bee-related **EDUCATIONAL** opportunities by email:    **YES**     **NO**

I want to receive bee- and beekeeping-related **SOLICITATION** emails:            **YES**     **NO**

**THE ANNUAL MEMBERSHIP YEAR IS JANUARY 1 THROUGH DECEMBER 31.**

1. I am enclosing annual **Individual** NCSBA **Membership** dues of **\$15.00** for the year:

2. I am enclosing annual **Commercial** NCSBA **Membership** dues of **\$30.00** for the year:

Business name: \_\_\_\_\_

3. I am enclosing **Permanent** (one-time payment) NCSBA **Membership** dues of **\$300.00** (if under 55 years of age):

4. I am enclosing **Permanent** (one-time payment) NCSBA **Membership** dues of **\$150.00** (must be 55 years of age or older and furnish age-verification (e.g., copy of drivers license)):

Please make your **check payable** to **NCSBA** and **mail** with this completed form to:

**NCSBA, Laurie Shaw, Membership Coordinator, P. O. Box 1627, Clayton, NC 27528**

**Phone 919-585-6052      [membership@ncbeekeepers.org](mailto:membership@ncbeekeepers.org)**