



Membership Application/Renewal



Membership Type:

- \$10 Individual County Membership
- \$15 Spouse or Family Membership (*same mailing address*)
- \$5 Student Membership (*through college*) School _____

- For State membership, apply at <https://www.ncbeekeepers.org/membership/join-or-renew-now> .

Member Information:

Name: _____ Today's Date: _____ (mo/day/year)
 Address: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Telephone: (____) _____
 Email: _____

Membership Type (*check one only*)

Renewal New Member

Payment Method (*check one only*)

Check # _____ Cash (*onsite only*)

Spouse or Family Member (*Family membership only*)

Name: _____

Other Information / Preferences: (*check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> I already have honeybees | <input type="checkbox"/> Would like to have a mentor |
| <input type="checkbox"/> I need honeybees | <input type="checkbox"/> Willing to become a mentor |
| <input type="checkbox"/> Request Apiary assistance | <input type="checkbox"/> Willing to help with club events |
| <input type="checkbox"/> Request hive inspection | <input type="checkbox"/> Willing to serve on Board (<i>requires state membership</i>) |
| <input type="checkbox"/> Beginner's Bee School | <input type="checkbox"/> Add me to the swarm list team |
| <input type="checkbox"/> Other _____ | |

Make Check Payable to Haywood County Bee Club and return this form with check to:

Haywood County Bee Club

P.O. Box 1391
 Clyde, NC 28721