



# 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**, you can 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