

Maryland State Beekeepers Association

Name: _____

Returning members – please only detail any *changes* in your contact information.

Email: _____ (home / work)

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Phone: _____ (home / cell / work)

Description	Unit Cost	Number	Sub-Total
Annual Membership	\$10		
Or, Lifetime Membership	\$200		
Donations			
To MDA's Apiary Inspection Fund**			
To MSBA, general donation			
To MSBA, for George Imirie Education Fund			
To MSBA, donation for Vehicle Plates (Plus MVA Fee)	\$15		
Grand Total:			

** will be passed on to MDA

Questionnaire

- I am a **new Annual Member**
- I am interested in serving on the MSBA Executive **Board** or a committee
- I am interested in judging or assisting at the MSBA Annual **Honey Show**
- I am interested in giving a **presentation** at a future MSBA event
- I am interested in providing an **article** for the 'Beeline'

Suggestions / Feedback

Do you have any suggestions for the MSBA – topics for future meetings; things you would like to see MSBA doing; improvements to the website etc.?

NOTE: Checks Made Out For Early Membership Payment Will **Not** Be Deposited Until January!!

Please make check payable to '**MSBA**'

Or pay online at www.mdbeekeepers.org/membership.html

Mail check and form to:

Bob Crouse, Treasurer
1606 Dogwood Lane,
Bel Air MD 21015

Phone: (410) 638-0105
email: RLCROUSE@QIS.NET

MSBA Use Only

Check Date.....:

Check Num.....:

Check Amt.....:

Details updated:

Check our web site, www.mdbeekeepers.org. for any changes, updates and program details.