

**Application for Membership in the
North Carolina State Beekeepers Association**

Check one: New Membership Renewal MEMBERSHIP # _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____

Local Chapter (if applicable): _____

Phone: _____ - _____ - _____

E-Mail Address: _____

BEE BUZZ **Receive** via Post Office **mail** (M-BUZZ) Yes No

(OR)

Receive via **e-mail** (E-BUZZ) Yes No

EDUCATIONAL EMAILS Do you want to **receive** via **e-mail**? Yes No

SOLICITATION EMAILS Do you want to **receive** via **e-mail**? Yes No

MEMBERSHIP TERMS ARE JANUARY 1 THROUGH DECEMBER 31 ANNUALLY

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:
3. I am enclosing **Permanent** (one time payment) NCSBA **Membership** dues of **\$300.00**
4. I am enclosing **Permanent** (one time payment) NCSBA **Membership** dues of **\$150.00**
(#4 you must be 55 years of age or older and furnish ID verification of age - - -
ex: drivers License)

Please make **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 lshaw@tyler-carter.com