

_____ **Membership Application**
(Current year)

WILSON COUNTY BEEKEEPERS ASSOCIATION

Membership year runs from January 1st through December 31st.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: Home/_____ Cell/_____

County of Residence: _____ Number of Colonies: _____

Years as Beekeeper: _____ e-mail address: _____

Our organization's purpose is for the education, support and encouragement of beekeeping.

In the interest of communication among members, do you have any objection to the above information being published in the WCBA directory? Yes _____ No _____

If so, what information do you want omitted? _____

Dues are: \$10.00 per voting member (make check payable to 'WCBA')

Application can be filled out and returned to: Petra Mitchell
3900 Rock Springs Road
Watertown, TN 37184

**If you want to join/renew TBA (Tennessee Beekeepers Association),
please visit their website at www.tnbeekeepers.org and fill out the application on line.**

For Office use:

Paid by: cash _____ check# _____ Date: _____