



# Haywood County Beekeepers Chapter

## Membership Application/Renewal

\$10 Individual County Membership

**OR**

\$15 Spouse or Family Membership (*same mailing address*)

\$5 Student Membership (*through college*)

\$15 NC State Beekeepers Membership (*optional*)

### Member Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Today's Date: \_\_\_\_\_ (*mo.-day-year*)

### Membership Type (*check one*)

Renewal       New Member

### Payment Method (*check one*)

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 bees                 | <input type="checkbox"/> Would like to have a mentor   |
| <input type="checkbox"/> I need bees                         | <input type="checkbox"/> Willing to be a mentor        |
| <input type="checkbox"/> I need apiary assistance            | <input type="checkbox"/> Add me to the swarm list team |
| <input type="checkbox"/> 2021 Bees Academy School -\$50 each |  |

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