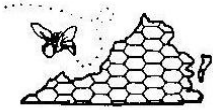


VIRGINIA STATE BEEKEEPERS' ASSOCIATION

A STATEWIDE ORGANIZATION OF VIRGINIA APICULTURISTS



Membership Form

(Please PRINT clearly ~ thanks)

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Email _____

- I prefer newsletters and announcements by email
- I prefer newsletters and announcements by regular mail
- I am a member of a local affiliated Virginia beekeeping association:

(association name)



DUES:

If a member of a local affiliated Virginia association - \$10 per person / family \$ _____
Entitles member(s) to one vote

NOT a member of a local affiliated Virginia association - \$12 per person / family \$ _____
Entitles member(s) to one vote

If family members each wish a separate vote, each pays dues. Please submit separate membership forms.

Make checks payable to: VSBA

**Mail to VSBA treasurer: Karen Hunt
P O Box 213
Amissville, VA 20106**

Questions? Email Karen at kahu9@juno.com or phone at 540-937-4792