

# 2022 Membership Form

Make checks payable to:

## Mountain Empire Beekeepers Association (MEBA)

Pay at monthly meeting or Mail to Treasurer:

**Gary Tolley**

3892 Peppers Ferry Road  
Wytheville, Virginia 24382

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

Additional Family Member: \_\_\_\_\_

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

Home Address, if PO Box \_\_\_\_\_

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

Telephone Cell: \_\_\_\_\_ Home: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**MEBA** dues per person/family and entitles member(s) to 1 vote.

**Virginia State Beekeepers Association** dues are per person/family and entitles member(s) to 1 vote.

**Local only=\$11.00**     ***If you wish to join State and Local the rate is only \$20.00***

Date Paid _____ Amt. _____ Check# _____ Cash _____
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### NOTICE TO ALL MEMBERS OF MEBA

The term opt-out refers to several methods by which individuals can avoid receiving unsolicited product or service information. *In this case, we are using the term to **remove** your name and contact information from our Directory of Members of MEBA.*

**This Directory will be made available to all MEBA members on website and hard copy to members without email.**

Names, Addresses, and Telephone Numbers of MEBA may be shared with the Membership unless you **Exclude the Release of Name and Contact Information.**

### Opt-Out Provision-Authorization

**If you DO NOT want MEBA to disclose your directory information as listed in the section above, please notify Mickey Cunningham, Treasurer, MEBA by signing and dating information block below:**

**I DESIRE THAT MY INFORMATION NOT BE IN *Directory of Members of MEBA.***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date