

2022 Membership Form

Make checks payable to:

Mountain Empire Beekeepers Association (MEBA)

Pay at monthly meeting or Mail to Treasurer:

Hank Sturkie

969 Woodcrest Road

Mouth of Wilson, Virginia 24363

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 Hank Sturkie, Treasurer, MEBA by signing and dating information block below:

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

Name

Date