

# 2024 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.

**Member Dues=11.00**

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