



RICHLAND AREA BEEKEEPERS' ASSOCIATION

2019 Membership Application/Renewal

Date _____ / _____ / _____

Name(s) _____

Mailing Address _____

City, State _____ **ZIP** _____

County _____ **Phone** (_____) _____ - _____

Email _____

New Member(s) _____ **Renewal** _____ **Member since (year)** _____

Dues: \$15 Individual, \$20 Family (2 or more people living at the same address)

Make check payable to: Richland Area Beekeepers' Association

Please bring completed form and payment to the next meeting or mail to:

Pamela Ellis, Treasurer

3463 Needham Road

Lexington, OH 44904