

Apalachee Beekeepers Association

Membership Form



Select Payment Type:

Cash

Check

Paypal

Name: _____ Email address: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Best Phone: _____

Renewing members, what year did you join? _____

If you plan to attend club meetings and events, we would like to provide a nametag for you to wear.

Name Tag? Y N

Please list the names of any family members who will be participating in club events

Name: _____ Email: _____ Name Tag: Y N

Name: _____ Email: _____ Name Tag: Y N

Indicate your level of beekeeping experience:

___ Interested in learning - No experience working with bees

___ Novice Beekeeper - Fewer than two years working with bees

___ Hobbyist Beekeeper - More than two years working with bees

New members, how did you hear about us?

Signature of Applicant _____ Date _____

Apalachee Beekeepers Association
1400 Village Square Blvd., Suite 3, #218 Tallahassee, FL 32312