Essex County Beekeepers' Association, Inc.
Membership Application

If you are interested in beekeeping, we invite you to join us. Please fill out the application below. Applications received after October 1 are credited to the next year. Membership includes our monthly newsletter *The Essex County Beeline.*

Nametags may be picked up at our meetings; see the Librarian.

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(Please print)

Last name: _____ First name(s): _____

Spouse/Partner name if different from above: _____

Children: _____

Address: _____ City/Town: _____

State: _____ Zip+4 digit: _____Phone #: _____

E-mail address: _____ Please print clearly.

Receive Newsletter by: Email ____ Regular Mail ____

Check only one: Single: _____ ($12) Family: _____ ($15) Junior: _____ ($1)

☐ Please add my name to a list available to the public of persons available to offer educational resources, talk at schools, meetings, etc.

☐ Please add my name to a list available to the public of persons available to assist with swarms.

☐ Yes, I would like to order nametags. I have included $3.50 for each nametag ordered. Please print the name(s) as you would like it to appear on the nametag.

_____

_____

_____

MAIL TO: Membership Secretary,
Essex County Beekeepers' Assn, Inc.,
P.O. Box 10, Topsfield, MA 01983-0010

Thank you.

I would like to volunteer my time, talent and/or assistance in the following area(s):

___ Bee School

___ Meeting set up and/or clean up

___ Annual Banquet

___ Co-ordinate dinner

___ Honey Ambassador Program

___ Host summer meeting

___ Topsfield Fair

___ Library

___ Web site

___ Newsletter

___ Scholarship

___ Photo/Video

___ Other _____

www.essexcountybeekeepers.org