

Supporting Colorado Beekeeping since 1880



CSBA Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Annual membership rates:

Beekeeper, MEMBER of a Regional Association, \$7.00 per year \$7.00 _____

Beekeeper, NOT a member of a Regional Association, NO HIVE LIMIT, \$15.00 per year \$15.00 _____

***Have a Trial Membership Card?** Print this form and send it, and the card and \$5, to the CSBA Treasurer for your one year membership for half-price!

Would you like to be included in the Membership Directory? Yes _____ No _____
(This is a private list for members only.)

Would you like to be included on the Beekeepers Map? Yes _____ No _____
(This is a public list on the CSBA website.)

Please make checks out to CSBA.

Mail to Bob Boggio
CSBA Treasurer
3905 Glade Road
Loveland, CO 80538

FOR OFFICE USE ONLY:

Date Received: _____

Check/Money Order Number: _____ Amount: _____