

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 _____
(typically submitted by the Regional Association with membership report)
- Beekeeper, NOT a member of a Regional Association \$10.00 _____
***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 payable to Colorado State Beekeepers Association.

Mailing Address: KT Thompson, CSBA Treasurer
9250 Rector Leader Mile Rd
Byers, CO 80103

FOR OFFICE USE ONLY:

Date Received: _____

Check/Money Order Number: _____ Amount: _____