

2018 Membership Dues Form

Today's Date: _____/_____/20_____

Name(s): _____

Address: _____

City, State, Zip: _____, OH _____

Phone: (_____) _____ - _____

Email Address: _____@_____

Dues Amounts (check appropriate box)

- \$15.00 for single membership
- \$20.00 for family membership (includes children under age 18)
- \$7.50 for reduced membership (senior age 65+, handicapped, or under 18 yrs old)

Make check payable to:
Summit County Beekeepers Association.

Bring to the next meeting or mail this form along with your check to:

Richard Reikowski
920 Walter Court Tallmadge Ohio 44278
Vice President, Summit County Beekeepers Association

The above *person/family* has applied for membership in the Summit County Beekeepers Association. The adult members of the applicant family 18 yrs. and older are requested to take part in the annual association election of officers and to conduct the regular business of the association. Youth members are welcome to join in on all other association activities.

The above *person/family* acknowledges that their contact information will be added to the membership list. This list is controlled and will be used for SCBA business and will not be used for any other purpose.