

Application for Membership in the
Davie County Beekeepers Association

New Membership Renewal

Name _____

Address _____

City _____

State _____ Zip _____ Phone (____) ____ - _____

E-mail Address _____

I am enclosing **DCBA** annual dues for myself only \$15.00

I am enclosing **DCBA** annual dues for myself and my spouse \$30.00

Spouse Name _____

Membership terms are from January 1 to December 31

Please make checks payable to **Davie County Beekeepers Association** and submit to the treasurer.

To join the NC State Beekeepers Association please complete a NCSBA Application for Membership form and include the state membership fee by December meeting of the Davie county Beekeepers Association meeting if you would like for your state application to be mailed to the **NCSBA** for you. After the December meeting application forms must be mailed directly to **NCSBA** by you.

North Carolina State Beekeepers Association Application for Membership form and dues Attached.