



# California State Beekeepers Association 2018 - 2019 Membership Form

We hereby make application for membership in the California State Beekeepers Association, agree to abide by its Bylaws, Rules and Regulations, and herewith enclose annual membership dues fees for the membership year beginning **November 1, 2018, ending October 31, 2019**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### CSBA MEMBERSHIP CATEGORY

*Please select one membership category. Note: Affiliated Clubs will have one vote.*

VOTING CSBA MEMBER \$300 \_\_\_\_\_

NON-VOTING CSBA MEMBER \$100 \_\_\_\_\_

### CSBA BUSINESS TYPES

*Please select one business type from the list below which best represents your company or provide one of your own. This is the business type which will appear in the Membership Directory.*

FULL-TIME COMMERCIAL BEEKEEPER

PART-TIME COMMERCIAL BEEKEEPER

BEE SCIENTIST

AFFILIATED CLUB

RELATED BUSINESS

HONORARY BEEKEEPER

OTHER (Specify in less than 30 characters) \_\_\_\_\_

### ADDITIONAL OPTIONS

KING BEE DONATION (Voluntary Contribution, minimum of \$250\*) \$ \_\_\_\_\_

RIGHT TO FARM DONATION (Voluntary Contribution) \$ \_\_\_\_\_

RESEARCH DONATION (Voluntary Contribution) \$ \_\_\_\_\_

**TOTAL ALL ITEMS** \$ \_\_\_\_\_

PAYMENT CONTINUED ON PAGE TWO

**MEMBERSHIP FORM CONTINUED FROM PAGE ONE**

**PAYMENT METHOD:**

Check payable to "CSBA" memo: "2018- 19 DUES" \_\_\_\_\_

Credit Card:     \_\_\_ Visa           \_\_\_ MasterCard     \_\_\_ Amex

Card No. \_\_\_\_\_ Exp: \_\_\_\_\_

Verify # \_\_\_\_\_ Signature: \_\_\_\_\_

Zip Code: \_\_\_\_\_  Email Copy of Receipt: \_\_\_\_\_

**RETURN FORM TO:**

California State Beekeepers Association  
1521 I Street  
Sacramento, CA 95814

You may also fax your form (916-446-1063) or email (karli@agamsi.com)

If you have questions, please call us (916-441-0302)