



California State Beekeepers Association 2019 - 2020 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, 2019, ending October 31, 2020**

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 _____

ADDITIONAL OPTIONS

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

RIGHT TO FARM DONATION (Voluntary Contribution) \$ _____

RESEARCH DONATION (Voluntary Contribution) \$ _____

TOTAL ALL ITEMS \$ _____

PAYMENT METHOD:

Check payable to "CSBA" memo: "2019-20 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)