

**Application for Membership in the
Surry County and North Carolina State Beekeepers Association**

Check one: New Membership Renewal MEMBERSHIP # _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____

Local Chapter (if applicable): _____ Surry County Beekeepers Association _____

Phone: _____ - _____ - _____

E-Mail Address: _____

The NCSBA Privacy and Communication Policy is posted at
<http://www.ncbeekeepers.org/ncsba-privacy-and-communication-policy>
Please indicate your email preferences by checking the appropriate boxes below.

I want to receive the NCSBA quarterly *Bee Buzz* newsletter by (check ONLY ONE):

EMAIL US MAIL NONE (I don't want it)

I want to receive notices of bee-related EDUCATIONAL opportunities by email: YES NO

I want to receive bee- and beekeeping-related SOLICITATION emails: YES NO

SCBA REMINDERS AND SPECIAL UPDATE EMAILS: Do you want to receive special updates from SCBA via email? Yes No

Note: Members will receive meeting reminder postcards about a week before the next meeting. Changes to meeting dates, speakers, and special events are sent via email only.

MEMBERSHIP TERMS ARE JANUARY 1 THROUGH DECEMBER 31 ANNUALLY

1. I am enclosing annual **Individual SCBA Membership** dues of **\$20.00** for the year:

2. I am enclosing annual **Commercial SCBA Membership** dues of **\$35.00** for the year:

Payment by cash or check. If paying by check, please make **check payable to Surry County Beekeepers Association** and **mail or deliver** with this completed form to:

Surry County Beekeepers Association
Surry Extension Office
P.O. Box 324
210 North Main Street
Dobson, NC 27017