



Kentucky State Beekeepers Association Membership Form

Annual Dues: \$15 per individual or family

(Family is parents & children under 18. Membership renewal on member's anniversary date.)

Please Print Clearly

*Date Submitted: _____

*Name: _____

*Address: _____

*City: _____ *State _____ *Zip: _____

Age

I am 80 years old or older (receive free lifetime membership)

E-mail address (not shared with anyone else): _____

Receive Monthly BeeLines Newsletter (email address required)

Receive Recent News and Announcements (email address required)

Home #: _____

Cell #: _____

Local Beekeeping Association Name: _____

*Fields marked with * are required*

To take advantage of all KSBA membership benefits go to <https://kybees.org>.

Mail completed form and check to:

Kentucky State Beekeepers Association
P.O. Box 22283
Louisville, KY 40252

(Below for Treasurer's use)

Date Received: _____

Amount: _____

Check No. : _____