

OLDHAM COUNTY BEEKEEPERS ASSOCIATION

MEMBERSHIP REGISTRATION FORM. PLEASE PRINT LEGIBLY.

_____ CHECK IF ANY CHANGE OF ADDRESS, PHONE, OR EMAIL FROM PRIOR MEMBERSHIP

For office use:	
-Payment received	_____
-Entered into member ledger	_____
-Email updated	_____

NAME:

FULL ADDRESS:

PHONE:

EMAIL:

Experience level:

_____ Wanting to learn beekeeping or a new beekeeper? (< 2 years experience.)

_____ Beekeeper with 2-5 years experience.

_____ Experienced beekeeper (more than five years).

Time & Talent: How can you help your club? (Check all that apply)

_____ Mentor a new beekeeper.

_____ OCBA Meeting Presenter (present at one of our monthly meetings). Subject: _____

_____ Organize or staff the OCBA Booth at events.

_____ Serve on ad hoc committees.

_____ Computer skills: website etc.

_____ Other? _____

Membership Dues Rates — Annual Basis for Calendar Year — \$30 per family, due in January.

- Payment in full for members joining January - April.
- Pro-rated to \$15 per family for members joining May - August.
- Members joining September - December at that time pay \$30 per family for next year, and the remainder of the current year is comped.
- New members have a 2-month grace period to join.

Please mail form and payment to:

OCBA

PO Box 294

Pendleton, KY 40055

PAYMENT DATE: _____, FOR MEMBERSHIP YEAR _____

PAYMENT TYPE: CASH / CHECK # _____

OCBA MEMBERSHIP RECEIPT: KEEP FOR YOUR RECORDS.

NAME:

DATE:

MEMBERSHIP YEAR:

PAYMENT TYPE: CASH / CHECK # _____