



BEAVER VALLEY AREA BEEKEEPERS ASSOCIATION APPLICATION FOR MEMBERSHIP

Name _____
Address _____
Phone Number _____
E-mail address _____@_____

PLEASE INDICATE ANY OF THE FOLLOWING THAT APPLY TO YOUR SITUATION:

New Beekeeper _____ Hobbyist _____ Professional beekeeper _____

I presently have _____ Bee hives

Interested in attending a beginning beekeeper workshop _____

Interested in attending Western Pa. Beekeeping Seminar _____

Membership in BVABA \$5.00

Membership in Penna. State Beekeepers Assn. \$20.00

WE ENCOURAGE MEMBERSHIP IN BOTH GROUPS.

Please complete this application and mail along with you check made payable to: BVABA

Norman Diebold, Treasurer

101 Timber Lane, Sewickley, Pa. 15143