

Howard County Beekeepers Association
To join HCBA or Renew your membership

Name: _____

Contact Information (for new members and members who's information has changed)

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: (Home) _____ **Cell:** _____

Email: _____

Membership

Annual (from January thru December)

I am enclosing the fee for a NEW annual HCBA membership (please complete details below). I am enclosing

\$20.00 for individual membership

I am enclosing \$30.00 for a family membership

Please do **NOT** include me in the HCBA Members Directory (shared only with other members).

Questionnaire

I am interested in giving a presentation at a future HCBA meeting

I am interested in learning more about the Executive Board and/or assisting on a committee

Suggestions / Feedback

Your thoughts and suggestions are encouraged: – speakers or topics for future meetings, areas we can make improvements, field trip destinations, etc?

Please make all checks payable to: 'HCBA'

Mail check and form to:

Howard County Beekeepers Association (Membership) Check #

P.O. Box 1416

Ellicott City, MD 21041