



Application for Membership in the
Orange County Beekeepers Association

Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Phone2: (____) _____ - _____

County of Residence: _____

Email Address: _____

How many years beekeeping? _____ How many hives _____

Beekeeping Level: __ Certified __ Journeyman __ Master Beekeeper

Apiary Location 1 _____

Apiary Location 2 _____

Apiary Location 3 _____

I am interested in the following:

Presentations to groups _____

Mentoring New Beekeepers _____

School Events _____

Serve as an OCBA officer or director _____

Community Events _____

Membership terms are January 1 through December 31 annually.

Orange County Beekeepers Association annual dues - \$10.00

Total Amount Enclosed \$ _____

Please make check payable to OCBA and mail with completed form to:

Nerissa Rivera, OCBA Treasurer

125 Circle Drive, Haw River NC 27258

Or give it to the Treasurer or Secretary at a meeting