

Application for Membership in the  
North Carolina State Beekeepers Association (10-17-17)

**Check one:** New Membership ☐ Renewal ☐ **MEMBERSHIP #:** \_\_\_\_\_ \*

(\*Look up your membership number if needed at <https://www.ncbeekeepers.org/member-number-recovery>)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ **Email address:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_ **Local Chapter:** \_\_\_\_\_

You can be listed under only one local Chapter in the NCSBA "Yellow Book" membership directory.

**IF YOU CHOOSE TO BE DESIGNATED "AT-LARGE" WITH NO CHAPTER AFFILIATION, CHECK HERE:** ☐

**If you want your membership letter/card mailed as a hard-copy rather than by email, CHECK HERE:** ☐

The "Yellow Book" membership directory is mailed to active members as a printed copy. It is not available electronically. **IF YOU DO NOT WANT TO RECEIVE THE "YELLOW BOOK", CHECK HERE:** ☐

The NCSBA Privacy and Communication Policy is posted at  
<http://www.ncbeekeepers.org/ncsba-privacy-and-communication-policy>

Please indicate your email preferences by checking the appropriate boxes below.

I want to receive the NCSBA quarterly *Bee Buzz* newsletter by (check ONLY ONE):

**EMAIL** ☐ **POSTAL MAIL** ☐ **NONE (I don't want it)** ☐

I want to receive notices of bee-related **EDUCATIONAL** opportunities by email: **YES** ☐ **NO** ☐

I want to receive bee- and beekeeping-related **SOLICITATION** emails: **YES** ☐ **NO** ☐

**THE ANNUAL MEMBERSHIP YEAR IS JANUARY 1 THROUGH DECEMBER 31.**

1. I am enclosing annual **Individual** NCSBA **Membership** dues of **\$15.00** for the year: ☐

2. I am enclosing annual **Commercial** NCSBA **Membership** dues of **\$30.00** for the year: ☐

Business name: \_\_\_\_\_

3. I am enclosing **Permanent** (one-time payment) NCSBA **Membership** dues of **\$300.00** (if under 55 years of age): ☐

4. I am enclosing **Permanent** (one-time payment) NCSBA **Membership** dues of **\$150.00** (must be 55 years of age or older and furnish age-verification (e.g., copy of drivers license)): ☐

Please make your **check payable** to **NCSBA** and **mail** with this completed form to:

**NCSBA Membership Coordinator, PO Box 99, Hurdle Mills, NC 27541**  
**Phone number: 919-933-1917      Email address: [membership@ncbeekeepers.org](mailto:membership@ncbeekeepers.org)**