



Mt. Diablo Beekeepers Association NEW MEMBERSHIP APPLICATION

Complete form and mail to: MDBA, P.O. Box 4688, Walnut Creek, CA 94596-0688

Date: _____

MEMBER CONTACT (Please indicate your preferred phone or email contact)

First Name _____ Last Name _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ (Can this phone receive a text?) (Y) (N)

Email: _____

DUES PAYMENT Membership dues are **\$20.00** per individual. Your membership dues payment is for the calendar year for which you enroll. Membership is free (non-voting) for students age 18 years and under. Students must sign up in person at an MDBA meeting.

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New Member

Please choose as many as applicable below:

- I am new to beekeeping
- I have some experience with bees – number of years _____
- I currently have bee hives (apiary) number of hives _____
- I am interested in being connected to a mentor
- I am interested in becoming part of a regional group. My town is _____
- I currently have a bee-based business. Name of business, website _____
- I am interested in volunteering opportunities. Please have someone contact me regarding volunteering

What do you hope to gain out of your membership this year?

Circle One below:

- Please include my contact information in the MDBA membership roster*
- Please DO NOT include my contact information in the MDBA membership roster*

*information in the roster contains: name, City, phone number and email address