



Mt. Diablo Beekeepers Association RENEWAL 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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Renewal Member

Please choose as many as applicable below:

- I am interested in being a swarm collector volunteer
- I am interested in becoming a mentor
- I am interested in speaking on a topic
- I am interested in hosting a bee day
- I am interested in becoming a regional leader for the regional groups
- I am interested in becoming a community education volunteer
- I am interested in other volunteer work – have someone contact me about other ways I can volunteer

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