

**JEFFERSON CO. BEEKEEPERS
ASSN.
2011
MEMBERSHIP APPLICATION**

WE WOULD LIKE TO INVITE YOU

NAME _____

(Please Print Clearly)

ADDRESS _____

CITY _____ STATE ____ ZIP _____

PHONE _____ E-MAIL _____

Jefferson Co. Dues (One Year) \$10.00 \$ _____

Mo. State Membership (Individual) \$15.00 \$ _____

Mo. State Membership (Family) \$20.00 \$ _____

Date Paid _____ Total \$ _____

Make checks payable to Jefferson Co. Beekeepers Assn.

MAIL TO: Debbie Carbone 6652 Valley Dr. Cedar Hill, MO 63016

(636) 274-5009