



Mt. Diablo Beekeepers Association MEMBERSHIP APPLICATION

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

Date _____

Status ** Required **

New Member Renewing Member

MEMBER CONTACT

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

DUES PAYMENT

Membership dues are **\$20.00** per individual if paid **before March 31** and **\$25.00** per individual **after March 31**. 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.

Make check payable to: MDBA (or Mt. Diablo Beekeepers Association)

Mail application & check to: MDBA, P.O. Box 4688, Walnut Creek, CA 94596-0688

Amount Paid _____ **Check Number** _____

 I want to be a **Mentor**. Number of years beekeeping _____

I want to be a **Swarm Collector** and have read the Guidelines & Requirements.

List all cities you are willing to travel to _____

Best Phone Area Code/Number for swarm calls _____