

# Registration

## GUILFORD COUNTY BEEKEEPERS BEGINNERS COURSE 2016

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

We will be communicating by e-mail, so please print clearly.

E-MAIL: \_\_\_\_\_

Course Fee (includes one textbook)—Mail on or before January 9, 2016, or bring completed form(s) to first class.

\_\_\_\_\_ Individual \$25.00

\_\_\_\_\_ Family \$35.00 (list names):

\_\_\_\_\_ N. C. State Beekeepers Association \$15.00/person (recommended but not required. You will need to be an N. C. State Beekeepers member to participate in the Master Beekeepers testing and program if you want to take the Certified written exam at the conclusion of the course.)

—list names and fill out NCSBA application (next page) for each person joining:

\$\_\_\_\_\_ Total Check # \_\_\_\_\_

Mail completed registration form and check made payable to GCBA

(Guilford County Beekeepers Association) to:

| James Parker  
| 2600 Southern Gates Drive  
| Greensboro, NC 27410

For questions, call Rob Jacobs, (336) 740-1703--dates, times & details of classes are available at [www.guilfordbeekeepers.org](http://www.guilfordbeekeepers.org)

**Application for Membership in the  
North Carolina State Beekeepers Association**

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

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

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

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

County of Residence: \_\_\_\_\_

Local Chapter (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**BEE BUZZ** **Receive** via Post Office **mail** (M-BUZZ) Yes  No

(OR)

**Receive** via **e-mail** (E-BUZZ) Yes  No

**EDUCATIONAL EMAILS** Do you want to **receive** via **e-mail**? Yes  No

**SOLICITATION EMAILS** Do you want to **receive** via **e-mail**? Yes  No

**MEMBERSHIP TERMS ARE JANUARY 1 THROUGH DECEMBER 31 ANNUALLY**

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:
3. I am enclosing **Permanent** (one time payment) NCSBA **Membership** dues of **\$300.00**
4. I am enclosing **Permanent** (one time payment) NCSBA **Membership** dues of **\$150.00**   
(#4 you must be 55 years of age or older and furnish ID verification of age - - -  
ex: drivers License)

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

***NCSBA, Laurie Shaw, Membership Coordinator, P. O. Box 1627, Clayton, NC 27528***  
***Phone 919-585-6052      lshaw@tyler-carter.com***