## Registration

## **GUILFORD COUNTY BEEKEEPERS BEGINNERS COURSE 2016**

	NAME:								
	ADDRESS:								
	CITY:		STATE:	ZIP:					
	PHONE:	CELL:							
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 con	npleted form(s) to first class	5.					
	Individual \$25.00								
	Family \$35.00 (list names):								
	1.	5.							
	2.	6.							
	3.	7.							
	4.	8.							
need t	State Beekeepers Association \$15.00/persor to be an N. C. State Beekeepers member to rogram if you want to take the Certified writted.  List names and fill out NCSBA applications.	participate in the en exam at the	ne Master Beekeepers conclusion of the cou	s testing					
	1.	5.							
	2.	6.							
	3.	7.							
	4.	8.							
		Total Check #  lail 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 <a href="https://www.guilfordbeekeepers.org">www.guilfordbeekeepers.org</a>.

## Application for Membership in the North Carolina State Beekeepers Association (11-22-15)

If this is a renewal and you are CERTAIN that all the requested information is what you have already provided to the NCSBA, please indicate only your **name**, **membership number**, and **local Chapter**, and **verify your email preferences**. Enter other information if it has changed or if you are unsure (especially your email address). The NCSBA may use email to communicate more directly with members this year, and so it is very important that we have a valid email address for you.

Check one:	New	Membership	) Ro	enewal	MEMBE	RSHIP #:		
Name:								
Address:								
City:						State:	Zip	<b>)</b> :
Phone: (	)	-	Email address	s:				
County of Re	sidenc	e:		Local Cha	pter:			
You can be	listed	under only	one local C	hapter in	the NCSBA "Yello	ow Book"	membe	rship directory.
If you choose	to be	designated "	'At-Large" witl	h <b>no Chap</b> t	t <b>er affiliation</b> , chec	k here:		
	lease ir	//www.ncb ndicate your	eekeepers.org email prefere arterly <i>Bee Bu</i>	g <mark>/ncsba-pr</mark> nces by ch	ication Policy is po ivacy-and-commu ecking the approp tter by (check ONL)	nication-p riate boxes Y ONE):		
E	MAIL		US MAIL		NONE (I don't wa	nt it)		
I want to rec	eive no	otices of bee	-related <b>EDUC</b>	CATIONAL	opportunities by e	mail: YES	5	NO
I want to rec	eive be	ee- and beek	eeping-related	d <b>SOLICITA</b>	ATION emails:	YES	5	NO
	The a	annual memb	ership year is J	ANUARY 1	THROUGH DECEMB	<u>ER 31</u> .		
1. I am enclo	osing a	nnual <u>I<b>ndivi</b>o</u>	dual NCSBA <u>M</u>	<u>1embershi</u>	<b>p</b> dues of <b>\$15.00</b> f	or the yea	r:	
2. I am enclo	sing ar	nnual <u>Comm</u>	ercial NCSBA	Membersh	<b>nip</b> dues of <b>\$30.00</b>	for the yea	ar:	

3. I am enclosing <u>Permanent</u> (one-time payment) NCSBA <u>Membership</u> dues of <u>\$300.00</u>: (if under 55 years of age)

Business name:

4. I am enclosing **Permanent** (one-time payment) NCSBA **Membership** dues of **\$150.00**: (must be 55 years of age or older and furnish age-verification (e.g., copy of drivers license)

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