Registration

GUILFORD COUNTY BEEKEEPERS BEGINNERS COURSE 2017

NAME:

ADDRESS:

CITY:

PHONE:

CELL:

STATE:

ZIP:

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

E-MAIL:

Course Fee (includes one textbook)—Mail on or before January 5, 2017 or bring completed form(s) to first class.

Individual \$25.00

Family \$35.00 (list names):

1.	5.
2.	6.
3.	7.
4.	8.

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:

1.	5.
2.	6.
3.	7.
4.	8.

\$

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 <u>www.guilfordbeekeepers.org.</u>

Application for Membership in the North Carolina State Beekeepers Association

(11-01-16)

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	o	Renewal	MEMBERSH	IIP #:	
Name:							
Address:							
City:					St	tate:	Zip:
Phone:()	-	Email addro	ess:			

County of Residence: Local Chapter:

You can be listed under only one local Chapter in the NCSBA "Yellow Book" membership directory. If you choose to be designated "At-Large" with **no Chapter affiliation**, check here:

The NCSBA Privacy and Communication Policy is posted at

http://www.ncbeekeepers.org/ncsba-privacy-and-communication-policy

Please indicate your email preferences by checking the appropriate boxes below.

I want to receive the NCSBA quarterly *Bee Buzz* newsletter by (check ONLY ONE):

	EMAIL	US MAIL NONE (I don't want it)			
l want to	o receive notices of bee-	related EDUCATIONAL	opportunities by email:	YES	NO
l want to	o receive bee- and beeke	eeping-related SOLICIT	ATION emails:	YES	NO

The annual membership year is JANUARY 1 THROUGH DECEMBER 31.

- 1. I am enclosing annual <u>Individual NCSBA</u> <u>Membership</u> dues of <u>\$15.00</u> for the year:
- I am enclosing annual <u>Commercial</u> NCSBA <u>Membership</u> dues of <u>\$30.00</u> for the year: Business name:
- 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)
- 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:

NCSBA, Laurie Shaw, Membership Coordinator, P. O. Box 1627, Clayton, NC 27528 Phone: 919-585-6052 Email: <u>lshaw@tyler-carter.com</u>