

Membership Application Mid-Columbia Beekeepers Association

Membership: Renewal New Member Individual is \$25

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: (H) _____

Please print email clearly as your newsletter will be sent to this address

(C) _____

Do you consent to receive MCBA correspondence via electronic communication at the above email address?

Yes No

Make checks payable to MCBA and bring application and dues to a monthly meeting or mail to: MCBA, P. O. Box 1123, Richland, WA 99352



Office Use Only

Name (print): _____ Signature: _____

Date: _____ Amt. Received \$ _____ Cash Check No. _____

Received By: _____

----- **Cut Here** -----

Members RECEIPT for _____ MCBA Membership Member: _____

Date: _____ Amt. Paid \$ _____ Cash Check No. _____

Received By: _____