



Membership Form

Memberships are \$15 per year and run January through December

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Email _____

Family Members: _____

Beekeeping Experience

Years Spent _____ Number of
Beekeeping: _____ Hives: _____

Association Involvement

Check if you are interested in participating in any of these groups:

Yes / No	Leading a meeting topic	Yes / No	Natural beekeeping
Yes / No	Community outreach	Yes / No	Swarm rescue
Yes / No	Mentoring a "newbee"	Yes / No	Administrative help
Yes / No	Leadership role	Yes / No	Hosting a field day

How to Join

- Online: Send membership dues via PayPal to kentuckianabees@gmail.com
- Mail: Send this form along with a check payable to KBA or Kentuckiana Beekeepers Association and mail to:
KBA c/o Marci Early
8105 Lacevine Rd
Louisville, KY 40220