



# BIG COUNTRY BEEKEEPERS ASSOCIATION

## Application for Membership

I hereby request my membership in the Big Country Beekeepers Association.

My membership dues of (\$25 per person or \$35 per family) per year entitles me to all the privileges of membership in the local association, and a complimentary one year of membership to the Texas Beekeepers Association.

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

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

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

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

Email: \_\_\_\_\_

Single Membership: \_\_\_\_\_ OR Family Membership: \_\_\_\_\_ (please check one)

List all Family Membership Names: \_\_\_\_\_

Signature: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Are you a member of the Texas Beekeepers Association (TBA)? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please check one)

If you are not a member, an application will be submitted to TBA on your behalf, enabling your first year complimentary.

In making this application, I agree to abide by the By-Laws of the Big Country Beekeepers Association and the affiliated Texas Beekeepers Association.

Application of membership shall be submitted in writing on approved membership form, along with payment, to be approved by the Board of Directors.

Please remit this completed application, and \$25 per person OR \$35 per family to:

Big Country Beekeepers Association  
PO Box 6034  
Texas, Abilene, 79608

(Please make checks payable to Big Country Beekeepers Association)