



CAPITAL AREA BEEKEEPERS ASSOCIATION

Membership Application

Membership term: Jan 1 through December 31

Checks should be made payable to "Capital Area Beekeepers' Association".
Please print.

Name _____ Spouse (if joining) _____

Address _____

City _____

County _____ State _____ Zip _____

Telephone (____) _____ Email Address _____

Website information

1. Submitting an article / photo. Permission to print your name. Y___ N___
2. Appearing in a photo with no caption. Permission to display your image. Y___ N___

Capital Area Beekeepers' Association

_____ CABA Dues (*one year*) \$10.00 per _____ person(s) = \$ _____

_____ CABA Dues (*lifetime*) \$200.00 per _____ person(s) = \$ _____

PA State Beekeepers Association

_____ PSBA Dues Single \$20.00 per _____ person(s) = \$ _____

_____ PSBA family membership \$25.00 per _____ family = \$ _____

Method of Payment: Cash _____ or Check Number _____ TOTAL \$ _____

Mail this form with correct payment to:

Deborah Buckfelder
731 Gravel Hill Road
Palmyra, PA 17078