



## MEMBERSHIP FORM

DATE: \_\_\_\_\_

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER (S) : \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Membership Dues (effective January 2023)

☐ \$25.00 Individual ☐ \$30.00 Family (*in the same household*) ☐ Lifetime \$125.00

Payment method: ☐ check/money order - Payable to **West Georgia Beekeepers Association**

☐ Zelle: [Scingman@bellsouth.net](mailto:Scingman@bellsouth.net) ☐ cash

Bring this completed form with you to the next WGBA meeting, or mail it to:

WGBA - PO Box 5053 - Douglasville, GA 30134

Are you an experienced Beekeeper? \_\_\_\_\_ # of years? \_\_\_\_\_

How many colonies? \_\_\_\_\_ Are you a member of any other Association? \_\_\_\_\_

If yes, list others: \_\_\_\_\_

Are you a member of the Georgia Beekeepers Association (GBA)? \_\_\_\_\_

Are you in the Master Beekeepers Program? \_\_\_\_\_ What level? \_\_\_\_\_

Are you a Welsh Honey Judge? \_\_\_\_\_