



MEMBERSHIP FORM

DATE: _____

NAME: _____

Family Member #2 (if applicable)

ADDRESS: _____ CITY: _____

_____ COUNTY: _____

STATE: _____ ZIP: _____

PHONE NUMBER (S) : _____

EMAIL ADDRESS: _____

Membership Dues

☐ \$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: treasurerwgba@gmail.com ☐ cash (*in person only, please*)

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? _____