

Tennessee Beekeepers Association Membership Application
Please print and mail to address below:

Renewal New Member (circle one) Please fill in EVERY blank, we need the info.

Name _____ Phone Number (_____) _____

Address _____

Email _____ County of residence _____

City _____ State _____ Zip _____

Name of Local Association _____

Tennessee Apiaries Registration Number _____

Local Association Position (Pres), (VP) etc. _____

Local association TBA Director () or alt. Director ()

Number of Colonies _____ Years as beekeeper _____

The year you joined Tennessee state association _____

Are you willing to move your bees for pollination? _____ If so, how many hives? _____

Membership Type (Please check one)

1 Year Membership Single (\$10) _____ Family (\$22) _____ (Up to 4 family members)

Names _____

2 Year Membership Single (\$18) _____ Family (\$40) _____ (Up to 4 family members)

Names _____

3 year Membership Single (\$26) _____ Family (\$60) _____ (Up to 4 family members)

Names _____

Gold Member Single Only (\$175) - _____ (Dues Paid for Life of Member)

Please complete the above and return along with your check payable to TBA (Tennessee Beekeepers Association) to: Petra Mitchell, 3900 Rock Springs Road, Watertown, TN 37184

PLEASE DO NOT SEND CASH