

Lake Cumberland Beekeepers Association

2018 Membership Application

Renewal / New member
(Please check one)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____

Email: _____

| | |
|--|----------|
| LCBA annual membership dues: | \$ 10.00 |
| Kentucky State Beekeepers Association (KSBA) (optional) | \$ 15.00 |

TOTAL \$ _____

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Only one membership required per family beekeeping unit

Please make checks payable to **LCBA**

Mail this completed form together with your payment to:

Dan Crockett, LCBA Treasurer
2656 Slate Branch Road
Somerset, KY 42503

OR hand in your completed form and payment to Dan Crockett at the next LCBA meeting.