

# *Lake Cumberland Beekeepers Association*

## **2019 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.