

# Clinch Valley Beekeepers Association Membership Form

Officer Initials \_\_\_\_\_

New Membership       Renewal Membership      Membership Type    S    F    Y (circle one)

Date \_\_\_\_\_ Paid # of Year(s) \_\_\_\_\_ Receipt # \_\_\_\_\_

Please Print all information

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone  cell  landline \_\_\_\_\_

Phone  cell  landline \_\_\_\_\_

E-mail address \_\_\_\_\_ @ \_\_\_\_\_

(If e-mail is provided that is where the Newsletter and updates will be sent)

1 yr. Single \$10       2 yrs. Single \$20       3 yrs. Single \$30

Family Membership (Immediate family only) has only 1 vote per family, and you must be at least 18 years old to vote.

Initial \_\_\_\_\_

1 yr. Family \$15       2 yrs. Family \$30       3 yrs. Family \$45

Youth membership (must be under 18 years old) has no voting privilege.

Initial \_\_\_\_\_

1 yr. Youth \$5       2 yrs. Youth \$10       3 yrs. Youth \$15

How many hives do you currently have? \_\_\_\_\_

Signature \_\_\_\_\_

Checks should be made payable to CVBA

Membership dues can be paid at any meeting to the Secretary or mailed to

CVBA Membership  
c/o Sherri Hudson, Sec.  
124 Shortt Road  
Treadway, TN 37881