

Application for Membership in the
Minnesota Hobby Beekeepers Association

Print out this blank form, fill in applicable information, and follow mailing instructions:

Name: _____ Spouse/Partner _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

E-Mail Address: _____

Years in Beekeeping: _____ # of Hives: _____

How did you hear about our organization? _____

I do not wish to have my contact information to be printed in the membership directory.

We will not sell, share, or rent your email address or any other personal information collected.

I am enclosing annual MHBA Membership dues of **\$20** for the year ____.*

*Membership terms are January 1 - December 31. Any new members joining after July meeting is credited for the next year's membership.

Annual Membership	\$ 20.00
Basil Furgala Foundation Scholarship Fund (U of M Bee Research).....	\$ _____
Haydak Scholarship Fund (U of M Bee Research).....	\$ _____
Total	\$ _____

Please make your check payable to **MHBA** and mail it, along with this completed form, to:

MHBA Treasurer:
Elizabeth Schroeder
8477 Regent Ave N #326
Brooklyn Park, MN 55443-2256

Email: membership@mnbeekeepers.com

MHBA Web Application Form Rev. 050509.