

Application for Membership in the
Ohio State Beekeepers Association

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

Check One: **New Membership** **Renewal**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ County: _____

E-mail Address: _____

Yes, I would like to join OSBA. Enclosed find my dues for:

- \$15.00 for senior/student membership for one year *
- \$20.00 for individual membership for one year *
- \$25.00 for family membership for one year *
- \$160.00 for a life time membership

* *One year membership begins on date of membership fee payment*

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

Carmen Conrad
6240 Wright Road
Canal Winchester, Ohio 43110

Phone: (614) 837-1846
E-Mail: carmen@conradphotographs.com