



Door County Beekeepers Club Membership Form

Renewing? If yes, please confirm if you are receiving club emails. Yes No

First Name: _____ Last Name: _____

Address _____

Phone (Mobile): _____ Phone (Land): _____

Email _____

Currently Beekeeping? (Yes) (No) Number of Hives: _____

2025 Membership

Individual (\$30): _____

Family (\$40): _____

Family Members: _____

Optional Donation (website/supplies/facilities/other): \$ _____

Total Amount Paid: \$ _____ (Cash) (Check) Check # _____

Received by: _____

Topics of Interest:

1) _____

2) _____

3) _____

Are you interested in volunteering at one of our events?

Snacks _____ Registration Table _____ Cleanup _____ Site Host _____ Speaker _____

Print and mail your completed form with payment to:

Door County Beekeepers Club

P.O. Box 56

Brussels, WI 54202

_____ *Mailchimp* _____ *Membership list*