



Door County Beekeepers Club Membership Form

First Name _____ Last Name _____

Address _____

Phone (*Mobile*) _____ Phone (*Land*) _____

Email _____

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

2018 Membership

Individual (\$20): _____

Family (\$30): _____

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

Attn: Susie Kurtz

608 South 18

Sturgeon Bay, WI