

## Membership Form

Please check one: $\square$ Renew $\square$ New N	Membership
☐ Individual Membership	
☐ Family Membership - \$18	
Name:	
Phone: Email:	
Address:	
City:	State: Zip:
For Family Members at the same address	
Second Name:	
Second Phone:	
Second Email:	
Make checks payable to: Midwestern Beeke	epers Association
Mail this form and payment to:	Midwestern Beekeepers Association
	7701 Dove Ave
	Kansas City, MO 64139
Questions? Contact:	Jackie Griffin
	jackie64086@yahoo.com

Join or renew online at: http://www.midwesternbeekeepers.org/2022/01/08/join/.

816 520 7865