Application for Membership in the North	Carolina State Beekeepers Association (01-27-24)
Check one: New Membership Renew	ewal MEMBERSHIP #:*
(* Look up your membership number if needed at <u>https://v</u>	www.ncbeekeepers.org/member-number-recovery)
Name:	
Address:	
	State: Zip:
	Email address:
County of Residence:	Local Chapter:
	r in the NCSBA "Yellow Book" membership directory. " WITH NO CHAPTER AFFILIATION, CHECK HERE:
If you want your membership card mailed as a hard copy rather than by email, CHECK HERE:	
http://www.ncbeekeepers.org/nc I want to receive the NCSBA quarterly <i>Bee Buzz</i> n	ommunication Policy is posted at csba-privacy-and-communication-policy newsletter by (check ONLY ONE): AIL NONE (I don't want it)
THE ANNUAL MEMBERSHIP YEAR IS JAN	NUARY 1 THROUGH DECEMBER 31. (Check ONE)
I am enclosing Annual individual NCSBA Membersh	hip dues of \$15.00 for the year:
 I am enclosing Permanent (one-time payment) NCS (if under 55 years of age): 	SBA Membership dues of \$300.00
 I am enclosing Permanent 55+ (one-time payment) (must be 55 years of age or older and furnish age) NCSBA Membership dues of \$150.00 e-verification, e.g., copy of driver license):
Please make your check payable to NCSB	-
NCSBA Membership Coordinator, PO Email address: membershi	