



2020 MEMBERSHIP FORM

Date: _____

Jacksonville Beekeepers Association annual membership dues are \$15 per person and \$20 per family per year with renewal each **January**.

Last Name: _____

First Name: _____

If family: spouse/partner name:

Mailing Address: _____

City: _____ St: _____ Zip code: _____

Email: _____

Phone: _____

New Membership: _____ Renewal Membership: _____ Year: 2020

Family _____ Individual _____

Make Checks Payable to: Jacksonville Beekeepers Association

Mail Application and Check to:

P O Box 2923

Jacksonville, FL 32203

**** Your receipt will be sent via e-mail**