

**CENTRAL OHIO BEEKEEPERS
MEMBERSHIP APPLICATION**

Please fill in the following information and mail your check or money order for \$10 for individual membership, or \$15 for family membership, payable to The Central Ohio Beekeepers Association and mail to:

Barry Conrad
Treasurer
Central Ohio Beekeepers Association
6240 Wright Road
Canal Winchester, OH 43110

Date: _____ NEW: _____ RENEWAL: _____

Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Spouse/Partner: _____

Dependents (under 18 years old): 1): _____ Date of birth: _____

2): _____ Date of birth: _____

3): _____ Date of birth: _____

4): _____ Date of birth: _____

5): _____ Date of birth: _____

Membership type: Individual or Family: (\$10 or \$15) \$ _____
Donation? \$ _____

Total: \$ _____

e-mail address: _____

OK to contact you via email? (Y/N): _____

Publish information in COBA's private directory (Y/N)? _____

Number of hives: _____ Location of hives: _____

Attended bee school? (Year): _____ How long have you been a beekeeper? _____

Do you want to be on the swarm list? (Y/N): _____ Service area: _____

Charges/fees (?): _____ Optional: Do you want to receive swarms? (Y/N): _____

Skills you would be willing to share as a COBA volunteer? (Speaking? Gardening? Mentoring? Other?)
