

Central Ohio Beekeepers Association Membership Form

**Individual: One Year \$15.00      Three Years \$30.00**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Year/s you took Bee School OR first joined COBA \_\_\_\_\_

**Family Membership: One Year \$25.00    Three Years \$60.00**

Please list family members above 13 years old.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Year/s you took Bee School OR first joined COBA \_\_\_\_\_

Form of Payment: Check: Please print this form and mail with the check made out to:

Central Ohio Beekeepers Association

%Winnie Williams

5672 Payton Way

Columbus, OH 43235