

Central Ohio Beekeepers Association Membership Form

Individual \$10.00

Name _____

Address _____

City, State , Zip _____

Phone _____ Email _____

Year/s you took Bee School or first joined COBA _____

Family Membership \$15.00

Please list family members above 13 years old.

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Name _____

Phone _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Year/s you took Bee School or first joined COBA _____

Forms of Payment:

PayPal

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