

Central Maryland Beekeepers Association

2009 Membership Form

Please remit \$5.00 to the address below.

Name : _____

Mailing Address: _____

City : _____

State: _____ Zip: _____

Home Phone : _____ Work Phone : _____

Spouses Name : _____

Email Address: _____

Street Address if your mailing address is a P.O. Box:

Check this box if you do not want your name listed in a membership directory that will be available to CMBA members ONLY.

If you wish to receive the newsletter through E-Mail

How many colonies do you have? _____

What year did you start beekeeping? . . . _____

Do you want to collect swarms in your area? _____

Do you rent hives for pollination? _____

Do you have an extractor to rent or loan?. . _____

Would you like to help a new beekeeper? . . _____

Would you work on an CMBA committee? . _____

Would you volunteer to work for CMBA at the State Fair? _____

Would you contribute an article for the CMBA newsletter? _____

Would you be interested in being a speaker for a local school or civic group? _____

(Note : CMBA has displays an audio visual system and video tapes to help you.)

Comments / Suggestions _____

Please return this form to: **John Harmon**
10720 Beaver Dam Road
2nd Floor
Baltimore, Maryland 21030