

Shasta Bee Club Membership Form

Date: _____ Membership type: New / Renewal Membership size: Single / Family

Name(s): _____ Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Email address(es): _____

How would you describe your beekeeping experience: Beginner / Hobbyist / Expert / SBC Supporter

Please indicate all below which you may be interested in:

- | | |
|---|---|
| <input type="checkbox"/> Getting added to the SBC web site swarm list | <input type="checkbox"/> Being a beekeeping mentor |
| <input type="checkbox"/> Helping with fundraising | <input type="checkbox"/> Helping with public outreach or education |
| <input type="checkbox"/> Educating or presenting to club members | <input type="checkbox"/> Becoming part of club leadership in the future |
| <input type="checkbox"/> Participating in a club committee | <input type="checkbox"/> _____ |

What do you hope to get out of your membership in the club? _____

What would you like to see the club offer or present to its members? _____

SBC is a 501(c)(3) organization and the annual tax-deductible single membership fee is \$25, or \$35 for a family. You may bring payment to our next meeting or mail a check to:

Shasta Bee Club
PO Box 492914
Redding, CA 96049