## CMBA Membership Form (revised 1/2023)

Which type of membership would you like?				
<ul> <li>☐ Annual Membership with an electronic or</li> <li>☐ Annual Membership with a mailed copy</li> <li>☐ Lifetime membership with your choice of</li> </ul>	of <i>The Hive</i>	Tool (\$40)	ive Tool (S	\$20)
Name				
City	State	Zip_		
Email	Phone Number			
Were you a CMBA member last year? Yes	○ No ○			
What year did you begin keeping bees?				
How many colonies do you have?				
Do you want to collect Swarms in your area	? Yes 🔘	No 🔘		
Would you like to mentor a new beekeeper?	Yes 🔾	No 🔘		
Would you like to participate in hands-on-se	essions at the	e CMBA apiary?	Yes 🔘	No 🔘
Would you like to participate in the CMBA el	lectronic disc	cussion group?	Yes 🔘	No 🔘
I would you like to volunteer to (Select all t	hat apply.)			
☐ Serve on the CMBA board ☐ Educate the public with CBMA at even ☐ Help organize CMBA member gatherin ☐ Be involved with legislative efforts ☐ Submit articles for the newsletter ☐ Represent CMBA at the MD state Fair ☐ Help with the CMBA library ☐ Evaluate causes on the grant committee	ngs			