CMBA Membership Form (revised February 2024)

Which type of membership would you like?		
☐ Annual Membership with an electronic of Lifetime membership with an electronic		
Name .		
City	State.	Zip.
Email _.	Phone Number	
Were you a CMBA member last year? Yes O No O		
What year did you begin keeping bees?		
How many colonies do you have?		
Do you want to collect Swarms in your area	n? Yes O No O	
Would you like to mentor a new beekeeper	? Yes O No O	
Would you like to participate in hands-on-se	essions at the CMBA ap	oiary? Yes O No O
Would you like to participate in the CMBA e	electronic discussion gro	oup? Yes No C
I would you like to volunteer to (Select all	that apply.)	
☐ Serve on the CMBA board ☐ Educate the public with CBMA at ever ☐ Help organize CMBA member gatheri ☐ 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 committed	ngs	