



# CMBA Membership Form

## Which type of membership would you like?

- ☐ Annual Membership with an electronic copy of our newsletter, The Hive Tool (\$20)
- ☐ Lifetime membership with an electronic copy of our newsletter, The Hive Tool (\$200)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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-sessions at the CMBA apiary? Yes ☐ No ☐

Would you like to participate in the CMBA electronic discussion group? Yes ☐ No ☐

## I would you like to volunteer to.... (Select all that apply)

- ☐ Serve on the CMBA board
- ☐ Educate the public with CBMA at events
- ☐ Help organize CMBA member gatherings
- ☐ 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

***Please remit  
your payment to:  
CMBA  
PO Box 31  
White Hall, Md 21161***