

JACKSONVILLE  
BEEKEEPERS  
ASSOCIATION



## Jacksonville Beekeepers Association Membership Application

DATE: \_\_\_\_\_

Individual Membership \$15.00  Family Membership \$20.00   
New  Renewal

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If family membership, please list names and email addresses:

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Make checks payable to:  
Jacksonville Beekeepers Association  
Mail application and check to:  
P.O. Box 2923  
Jacksonville, FL 32203