2025 MEMBERSHIP APPLICATION/MEMBERSHIP RENEWAL FORM BEEKEEPERS OF ABCI

(ARMSTRONG, BUTLER, CLARION, INDIANA COUNTIES)

Check one:							
□ CURRENT MEMBER □ NEW MEMBER							COUNTY (check one)
DATE;							□ Armstrong
NAME(S):							□ Butler □ Clarion
ADDRESS:							 Other(specify):
CITY:				ZIP CODE:			
PREFERRED PHONE:							
Cell:				text = yes OR no			
E-MAIL:							
Check if you agree to your contact information being included in our Club Membership directory. It's available only to members under the Members Only Tab on our website(to be developed).							
CHECK ALL THAT APPLY:							
□JUST INTERESTED IN BEES □WANT TO GET STARTED □CURRENTLY A BEEKEEPER							
Image: NEED A MENTORImage: Willing to be a mentorImage: Previously a beekeeper							
# OF HIVES (optional) # OF YEARS IN BEEKEEPING (optional)							
ANNUAL MEMBER DUES:							
Check one:							
□ INDIVIDUAL MEMBERSHIP \$25 (\$20 if paid before April 15)							
FAMILY MEMBERSHIP (same household) So (\$25 if paid before April 15) Cash/Check #							
Make check payable to Beekeepers of ABCI and mail to: P.O. Box 923, Kittanning, PA 16201							
We encourage membership in other beekeeping clubs. Please indicate other clubs you belong to(optional):							
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PSBA Member Swarm list participant – Area of response:							
Additional Co	mments:			Contact Mic	obile Numbe	r:	
The club has m	any ongoing acti	vities and parti	cipates in cor	nmunity events	s. Please indic	cate yo	our willingness to either lead or help
with the following:							
	LEAD HELP McConnell's Mill State Park, Portersville (September)						
LEAD HELP ABCI Picnic at Crooked Creek Lake Park, Ford City (usually end of summer) LEAD HELP Apiary at Crooked Creek Lake Park, Ford City						ally end of summer)	
		Varroa Mi	te Chewing	Observation v	with Club mic	crosco	pe
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