

SWOBA MEMBERSHIP FORM **(Southwestern Ohio Beekeepers Association)**

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____

State: _____, ZIP: _____

E-mail: _____

Do you wish to receive meeting announcements by E-mail? YES__NO__

Phone, Home: _____

Phone, Mobile _____

How long have you been keeping bees? _____

How Many colonies do you have? _____

Annual Dues are due each year in November for the following year.

Please complete this form and bring it with your \$5.00 annual dues to the next meeting or mail it to:

Bob Pessler
5241 Orangelawn Dr.
Cincinnati, Ohio
45238-5725

Checks should be made out to: **Southwestern Ohio Beekeepers Association**