

# MEMBERSHIP APPLICATION 2024

## Barnstable County Beekeepers Association Membership Application form

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**First Name:**

**Last Name:**

**Street address:**

**City:**

**Zip Code**

**Email address:**

**Telephone/cell:**

**Special Talents:**

Please send your completed application and check for **\$20** (family/household) payable to **Barnstable County Beekeepers Association (BCBA) to:**

**BCBA**

**c/o Desilets**

**P O Box 808**

**East Sandwich, Ma 02537**