

Barnstable County Beekeepers Association
MEMBERSHIP APPLICATION 2025

First Name:

Last Name:

Street address:

City:

Zip Code:

Email address:

Telephone/cell:

Special Talents:

Please send your completed application and check for **\$25** (family/household)
payable to **Barnstable County Beekeepers Association (BCBA) to:**

BCBA

c/o Stone Dow

P O Box 366

Cummaquid, Ma 02637