

St Johns County Beekeepers Association (SJCBA)
Membership Application

Mission Statement: The objectives of this organization shall be to promote an awareness of the benefits of beekeeping and to provide a forum for the interchange of ideas regarding beekeeping.

NAME: _____ DOB _____

SPOUSE: _____ PH #: _____

ADDRESS: _____ ALT. PH #: _____

EMAIL: _____

(To login to SJCBA website, receive club updates, notices and events an email and user name is required. You may add content and pictures in the forums.)

USER NAME: _____

(User names are used to login to SJCBA website. If left blank or already taken, first part of email will be used.)

YES / NO (circle one) I would like to receive SJCBA updates from club website.

Referred By: _____

When did you become a beekeeper? _____ How many hives do you own? _____

Have you ever captured a swarm? (circle one): YES / NO

Are you interested in queen rearing? (circle one): YES / NO / MAYBE

Do you own bee extracting equipment? (circle one): YES / NO

If so, are you willing to share or rent? (circle one): YES / NO / MAYBE

Are you willing to mentor? (circle one): YES / NO / MAYBE

LEVEL OF EXPERTISE:

Novice Experienced Hobbyist Expert Commercial

INVOLVEMENT IN MASTER BEEKEEPER PROGRAM

(check any that apply)

Apprentice Beekeeper Advanced Beekeeper Master Beekeeper Master Craftsman Beekeeper

Are you a member of any other Beekeeping Clubs/ Associations

FSBA other _____

Signature: _____ Date _____

By signing above I am applying for membership SJCBA.

\$15.00 annual dues for individual membership. \$20.00 annual dues for family membership

Make checks payable to St Johns County Beekeepers Association
Call 904-540-5081 for additional information or go to: www.sjcbeekeepers.org