

Central Coast Beekeepers Association Membership Application

New Member _____ Renewal _____

IMPORTANT: CCBA respects the privacy of its members and will never sell any information supplied. We may, however, utilize photos from CCBA meetings/events/etc. for promotional purposes.

By taking this membership you are authorizing the use of those photos which have pictures of you in such a manner unless you specifically request otherwise on this form.

You further agree to hold CCBA harmless for any accident/injury that you receive as a result of participating in any CCBA meeting or sponsored event.

Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____
E-Mail _____

How many hives do you have? _____
of years keeping bees? _____ Year started beekeeping? _____
In Master Beekeepers Program? _____ What level? _____
Are you a member of the Oregon State Beekeepers Association? _____

DUES:

Individual (\$15/year) _____
Family (\$25/year) _____

Please make checks payable to **CCBA** and send along with this form to:

Central Coast Beekeepers
P.O. Box 1916
Newport, Oregon 97365