



Washington Master Beekeepers

Association Membership Application

Name: _____
(Name of Beekeeping Association)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____
(President or Secretary)

Phone: (____) _____ (President or Secretary)

Please PRINT
Clearly.

Application Date: _____

Yearly membership Dues (\$5): _____

Please make checks out to: Washington State Master Beekeepers

Please send application form and dues to:

WSMB Secretary

Louis A. Matej

445 S. 96th St.

Tacoma, Wa 98444

Tacomabeekeeper3@wamail.net