



Washington Master Beekeepers

Individual Membership Application

Name: _____
(Last) (First)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (____) _____

Beekeeping Association Affiliation: _____

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