Jacksonville Beekeepers Association
Membership Application

PLEASE PRINT CLEARLY

Date:_____

Individual Membership $15.00 □ Family Membership $20.00 □
New □ Renewal □
Membership year is from January to December

Last Name:_____

First Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Email:_____

Phone Number:_____

Please list name and email address of any family membership member that would like to receive email:

Individuals listed on this application form agree to the terms & conditions set forth by the bylaws of the Jacksonville Beekeepers Association.

Make checks payable to:
Jacksonville Beekeepers Association
Mail application and check to:
2033 Muncie Avenue
Jacksonville, FL 32210