



To become a member of AABA, please provide the following information:

Your Name: _____

Your Address: _____

Phone Number: _____

E-Mail: _____

Please provide the following information, if applicable:

List apiaries that you manage:

Apiary (city only): _____ Number of Hives: _____

Apiary (city only): _____ Number of Hives: _____

List any additional apiaries on the back of this form.

If you have honey bee products for sale:

Business Name: _____

Business Contact: _____

Product Information: _____

Dues are \$5.00 annually. Annual dues cover the period from January 1 –December 31. You may make your payment at the AABA club meeting that is held in February of each year, or you may mail your payment to the address below.

Please make your check of \$5.00 payable to **AABA**. Should you prefer to mail your membership fee, please use the following address:

Debbie Hewitt
Treasurer, AABA
P.O. Box 152
Galesville, MD
20765

For the latest on AABA, please visit our web site at <http://aabees.org/>.