

Central Oklahoma Beekeepers Association
Membership Form

January 1 – December 31, 2009

Single Membership Dues are \$10.00

Family Membership Dues are \$15.00

Applicant's Name: _____
(First, Middle Initial, Last)

Applicant's Address: _____
(Street, Rural Route, PO Box)

(City, State, Zip Code)

Home Phone: (____) _____ - _____
(Optional) (Example: (123) 456-7890)

Work Phone: (____) _____ - _____
(Optional) (Example: (123) 456-7890)

Other Phone: (____) _____ - _____
(Optional) (Example: (123) 456-7890)

Primary Email: _____
(Optional) (Example: we.bee.ok@gmail.com)

Alternate Email: _____
(Optional) (Example: we.bee.ok@gmail.com)

If this is a family membership, please enter the name(s) of the immediate family members that reside with you in your home, which you wish to be listed as members also:

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Please fill out the above information, include dues and mail to:

COBA Secretary / Treasurer
Carola Thornton
17428 34-H Drive
Newalla, OK 74857

If you have any questions feel free to call or email at:

405-386-6050
we.bee.ok@gmail.com

If you are interested in collecting swarms this year please fill out the following information:

Swarms:

Name _____

Phone Number _____

County/Area _____

Type of Removal: exp: Swarms from outside areas, Bees from Structures.....

