

Apiary Inspectors of America

2020 MEMBERSHIP APPLICATION

Please print or type:

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State/Province: _____ ZIP: _____

Phone: _____ Fax: _____

Email Address: _____

Circle Payment Amount:

FULL MEMBERSHIP \$100.00

ASSOCIATE MEMBERSHIP \$35.00

MAKE CHECKS PAYABLE TO: Apiary Inspectors of America

MAIL PAYMENT TO: Apiary Inspectors of America
P.O. Box 28781
Henrico, VA 23228

CREDIT CARD PAYMENT: Telephone: 804-786-8938, or
Email: inspectors@apiaryinspectors.org

(PLEASE RETURN COMPLETED COPY OF THIS APPLICATION WITH PAYMENT)