

# *Apiary Inspectors of America*

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## **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](mailto:inspectors@apiaryinspectors.org)

**(PLEASE RETURN COMPLETED COPY OF THIS APPLICATION WITH PAYMENT)**