

SABA Membership Application

Name (s) _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Phone (____) ____ - ____ E-mail Address * _____

New or Renewing member ↩ Check here if the above information is unchanged from last year.

- Memberships are \$20 per member. Family memberships are \$20, but only one member is entitled to vote on SABA business.

TOTAL AMOUNT DUE FOR MEMBERSHIPS(S): \$ _____

* E-mail address *required* for delivery of monthly newsletter

Complete this form and mail it with your check made payable to SABA to:
Sacramento Area Beekeepers Association, P.O. Box 188851, Sacramento, CA 95818
You are encouraged to instead apply *online* at: <http://www.sacbeekeepers.org/membership.html>

Privacy Notice: A list containing only name, city, zip code, e-mail address, and phone number is provided to members.