



Rhode Island Beekeepers Association **MEMBERSHIP FORM**

Name(s) _____

Address _____

City, State, Zip _____

Phone(s) _____

Email(s) _____

One membership includes all members of the household at the same address if desired.

Mail with a check payable to:

RIBA

PO Box 1055

Bristol, RI 02809

Thank you!

Annual dues are due January 1, which is the beginning of the membership year.