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.