



## 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 61**

**East Greenwich, RI 02818**

Thank you!

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