

# Beekeepers of the Bitterroot

## 2025-Membership application and information sheet

<b>Last Name</b>	
<b>First Name</b>	
<b>List all members in household</b>	
<b>Email Address</b>	
<b>Cell Phone</b>	Best Time to Call: Any Day Evening
<b>Home Phone</b>	Best Time to Call: Any Day Evening
<b>Address</b>	
<b>City State Zip</b>	
<b>Please indicate whether or not your information may be shared publicly with other club members. _____ Yes, Info may be shared. _____ Do NOT share</b>	
Years of Beekeeping Experience _____ Number of Colonies you have _____ Are you interested in receiving calls to catch swarms? YES___ NO ___	
<b>Volunteer Opportunities</b>	_____Package Pick-up/Distribution (April/May) _____Medication _____Extractor Hosting/Coordination _____Social Activities (monthly treats, arrange member events) <u>Outreach</u> _____Observation Hive SetUp, Maintenance, Hosting, Transport _____Education _____Ravalli County Fair _____Honey Festival
Do you have any particular skill you would like to share with the group?	
<b>Make check for \$25 payable to: Bitterroot RC&amp;D</b> <b>Mail to: Beekeepers of the Bitterroot, c/o Barbara Logan 790 Bauer Ln., Corvallis, MT 59828</b>	
<b>Club Use Only:</b> Dues Paid _____ Paymt Method _____ Date _____	

03/31/2025