**Beekeepers of the Bitterroot**

2024-Membership application and information sheet

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| **Last Name** |  |
| **First Name** |  |
| **List all members in**  **household** |  |
| **Email Address** |  |
| **Cell Phone** | Best Time to Call: Any Day Evening |
| **Home Phone** | Best Time to Call: Any Day Evening |
| **Address** |  |
| **City State Zip** |  |
| **Please indicate whether or not your information may be shared publicly with other club members. \_\_\_\_\_\_ Yes, Info may be shared. \_\_\_\_\_\_ Do NOT share** | |
| Years of Beekeeping Experience \_\_\_\_\_\_\_ Number of Colonies you have \_\_\_\_\_\_\_\_  Are you interested in receiving calls to catch swarms? YES\_\_\_ NO \_\_\_ | |
| **Volunteer Opportunities** | \_\_\_\_\_\_\_Package Pick-up/Distribution (April/May) \_\_\_\_\_\_\_Medication  \_\_\_\_\_\_\_Extractor Hosting/Coordination  \_\_\_\_\_\_\_Social Activities (monthly treats, arrange member events)  *Outreach*  \_\_\_\_\_\_\_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? |  |
| **Make check for $25 payable to: Bitterroot RC&D**  **Mail to: Beekeepers of the Bitterroot, c/o Barbara Logan 790 Bauer Ln., Corvallis, MT 59828** | |
| **Club Use Only:** Dues Paid \_\_\_\_\_\_\_\_\_ Paymt Method \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

01/14/2024