**Beekeepers of the Bitterroot**

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 Andrea Sangster, POB 358, Corvallis, MT 59828** |
| **Club Use Only:**  Dues Paid \_\_\_\_\_\_\_\_\_ Paymt Method \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

01/07/2022