

**Hampden County Beekeeper's Association  
New Member Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Reason for wishing to join: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about HCBA? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have previous beekeeping experience?      YES      NO

If yes, please describe your level of experience...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many active hives do you currently have? \_\_\_\_\_

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**HCBA Officer use only:**

Date Application Received: \_\_\_\_\_ By: \_\_\_\_\_

Approved?    YES      NO

Membership Fee paid?    YES    NO