



Southern Tier Beekeepers Association Membership Form

Membership Year: _____

Name(s): _____

Address: _____

Phone Number: _____

Email: _____

Membership is required to participate in club outings, to receive discounts on nucs, and for field classes.

Emails are sent out about once or twice a month. If you are not receiving any emails, please contact the secretary at southerntierbeekeeping@gmail.com.

Membership information is not shared with non-board members, or with people or organizations outside of STBA.

Check one: ☐ New Membership ☐ Renewal

_____ Membership(s) at \$15 or _____ (Maximum \$30/family)

Please send dues (check made payable to "Southern Tier Beekeepers Association") with this completed form to:

STBA Membership
c/o Sandy Komoroff, Treasurer
621 Phillips Rd.
Windsor, NY 13865

Or, make your payment online at:

<https://southern-tier-beekeepers.square.site>