

MONTANA STATE BEEKEEPERS ASSOCIATION

Established 1915

P.O. Box 3203 Columbia Falls, MT 59912 (September-May)
P.O. Box 463 Babb, MT 59411 (June-August)
406-581-2423 Greg Fullerton 406-544-2818 Courtney Fullerton
sales@glaciercountyhoney.com

2015 CONVENTION AND MEMBERSHIP REGISTRATION FORM

NAME: _____
COMPANY NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____

WILL BE ATTENDING CONVENTION ____ YES ____ NO ____
TOTAL # ATTENDEES THURSDAY _____
TOTAL # ATTENDEES FRIDAY _____
TOTAL # ATTENDEES SMOOT HONEY CO. TOUR _____
TOTAL # ATTENDEES HOBBYIST WORKSHOP _____ @ \$40
TOTAL # FOR LADIES LUNCHEON _____ (SPONSORED BY GOLDEN HERITAGE)
TOTAL # FOR BEEKEEPERS LUNCHEON ____ (SPONSORED BY GOLDEN HERITAGE)
TOTAL # FOR DINNER BANQUET _____ ADULTS @ \$25
_____ CHILDREN @ \$10

ANNUAL DUES:
UP TO 300 COLONIES: \$25 _____
301 TO 500 COLONIES: \$45 _____
501 COLONIES AND OVER: \$75 _____
DEALERS, HANDLERS, PACKERS, ETC: \$50 _____
SUSTAINING MEMBER: \$100 _____
ADDITIONAL MEMBERS: \$10 EA _____
LADIES AUXILIARY \$5 _____

TOTAL DUES FOR 2015: _____
TOTAL CONVENTION FEES FOR 2015 _____

TOTAL AMOUNT DUE:

\$ _____

Please make checks payable to Montana State Beekeepers Association.

ADDITIONAL MEMBERSHIP CARDS:

NAME: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

NAME: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

NAME: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

NAME: _____

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PHONE NUMBER: _____

E-MAIL ADDRESS: _____