



# LANCASTER COUNTY BEEKEEPERS SOCIETY

## Membership Application

Please complete this form and mail it along with a check made out to LCBS for \$10 for first year dues.

### Personal Information

First Name  Last Name

Address

City, State, Zip

Email

Phone  Cell

### Hive and Beekeeping Information

If you currently have bees	<u>Check Any That Apply</u>	Interested	Currently Participate
How many hives <input type="text"/>	Queen Rearing	<input type="checkbox"/>	<input type="checkbox"/>
How many nucs <input type="text"/>	Splitting Hives	<input type="checkbox"/>	<input type="checkbox"/>
Most used frame count <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> Other	Foundationless	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently sell <input type="checkbox"/> Honey <input type="checkbox"/> Pollen	Treatment Free	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wax <input type="checkbox"/> Propolis	Nuc Management	<input type="checkbox"/>	<input type="checkbox"/>
Years of beekeeping <input type="text"/>	Alternative Hives (ie topbar hives)	<input type="checkbox"/>	<input type="checkbox"/>
If no bees, do you plan <input type="radio"/> Yes			
on getting bees this year <input type="radio"/> No			

### Other Interests

Please mark all volunteer opportunities in which you'd be willing to participate

- |   |   |
|---|---|
| <input type="checkbox"/> Officer (President, VP, etc) | <input type="checkbox"/> Speakers List  |
| <input type="checkbox"/> LCBS Library                 | <input type="checkbox"/> Swarm Collection List  |
| <input type="checkbox"/> Information Table at Events  | <input type="checkbox"/> Mentors List   |
|   | <input type="checkbox"/> Care of LCBS Apiary<br>located at PSU<br>Research Farm in Man... |

**Remit To:**  
Kris Gosling  
322 Kelly Ave.  
Mount Joy, PA 17552

What would you like to gain from your time in the LCBS. Ideas for meeting topics/events/programs are welcome.