

SOUTHERN TIER BEEKEEPERS ASSOCIATION Intermediary Beekeeping Class

Please list all people individually

Name: _____

Name: _____

Name: _____

Email/Phone (each person) _____

Email/Phone (each person) _____

Email/Phone (each person) _____

Mailing Address:

Class \$30 per person. _____

New or Renewed STBA Membership: \$15 _____

Total _____ – Please make check out to: “STBA”

Where did you hear about this class?