

**Kentucky Queen Bee Breeders Association, Inc**  
**Membership Form - 2017**  
**Annual Dues are \$100 Per Household & Year**  
**1 vote per household**

**Dues that are paid by the last day of January shall be eligible for benefits during that year.**  
**Exception to this shall be in 2017, where benefits will be eligible if dues paid as late as May 15th.**

**Please Type or Print ALL information Clearly.**

*\* Indicates required fields*

\* Name \_\_\_\_\_

\* Name \_\_\_\_\_

\* Address \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_

\* Zip code \_\_\_\_\_ \* Association \_\_\_\_\_

Home telephone # \_\_\_\_\_ Home telephone # \_\_\_\_\_

Cell telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail address \_\_\_\_\_

E-mail address \_\_\_\_\_

Website \_\_\_\_\_

Website \_\_\_\_\_

*(While phone numbers are not required, this information will aid in communication, especially if we have questions about your address.)*

Mail Forms and Checks or Money Order to:

Kentucky Queen Bee Breeders Association, Inc

C/O Joseph W. Taylor

P.O Box 234

Leitchfield, KY 42755

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( For Treasurer use only)

DATE \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \$ \_\_\_\_\_ Money Order# \_\_\_\_\_