



American Beekeeping Federation

American Beekeeping Federation Membership Application

Please complete the application and return it with payment to:

American Beekeeping Federation • 3525 Piedmont Road • Building Five, Suite 300 • Atlanta, GA 30305 Fax: 404.240.0998

- Small Scale (up to 25 colonies)..... \$50
- Sideline (25 to 300 colonies).....\$100
- Commercial (300 to 1,500 colonies)\$250
- President's Club (1,500+ colonies)\$500
(Also: Commercial Queen Breeder, Package Bees, Nuc Producer, and Commercial Honey Importers, Bee Supply Dealers)
- President's Club Silver (2,000+ colonies).....\$1,000
(PC Silver dues cover the Primary Member plus 1 additional member)
- President's Club Gold (3,000+ colonies)\$1,500
(PC Gold dues cover the Primary Member plus 2 additional members)

Total Dues: \$ _____

Other Donations:

Honey Queen Fund: \$ _____

(Direct funding of Honey Queen Program)

Honey Defense Fund: \$ _____

(Helps protect honey purity in the marketplace)

Legislative Fund: \$ _____

(Funds lobbying and government relations)

Foundation: \$ _____

(Contributions to the Foundation for the Preservation of Honey Bees, Inc., 501 (3)(c) entity, are tax deductible)

General Donation: \$ _____

(Direct funding of Honey Queen Program)

Total Payment 2010-2011: \$ _____

ABF dues and donations, except those to the Foundation, are not tax deductible as a charitable contribution. However, they may be deductible as ordinary and necessary business expenses, subject to restrictions imposed as a result of ABF lobbying activities. The ABF estimates that the non-deductible portion of this year's dues and donations – the portion allocable to lobbying – is 20%.

Membership Information (print neatly)

Name: _____

Company Name: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Please check your preference:

- Include all my contact information in ABF Directory
- Do not include my contact information in the ABF Directory

Method of Payment: Visa MasterCard American Express Check or Money Order

Credit Card Number: **Amount:** \$ _____

Cardholder's Name (as it appears on the credit card): _____

Cardholder's Signature: _____ **Expiration Date:** _____

Billing Address: _____ **Credit Card Security Code:** _____

Questions? Please contact the ABF office at 404.760.2875 or e-mail info@abfnet.org.