



WEST VIRGINIA BEEKEEPERS ASSOCIATION

MASTER BEEKEEPING PROGRAM APPLICATION FOR TESTING (Please Print Clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

Testing level being applied for:

Apprentice Level: _____

Certified Level: _____

Master level: _____

Initial Application fee: \$5.00 Test re-take Application fee: \$3.00

See the WVBA Master Beekeeping Program at www.WVBeekkeepers.org for specific requirements at each level and the net date and location of the testing. An applicant must be a member of the WVBA.

See the WVBA website and refer to the Master Beekeeping section for the current mailing address to submit the application. A check for the appropriate amount made out to the West Virginia Beekeepers Association must accompany the application.

To be completed by the Master Beekeeping Committee:

Approved by: _____ Date: _____ Fee Paid: _____

Date and location of testing: _____