



WEST VIRGINIA BEEKEEPERS
ASSOCIATION
MASTER BEEKEEPING PROGRAM
PUBLIC SERVICE CREDITS

(Please Print Clearly)

NAME _____

CERTIFIED LEVEL (6 credits)

MASTER LEVEL (12 credits)

Please use a few words to describe the event, the date it occurred and the number of people reached for each of the credits.

There is space provided to list credits in fulfillment of the above the required minimum. If necessary, please list any additional credits on another sheet of paper.

| Description of Public Service Credit | Date | # people reached |
|--------------------------------------|------|------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |

Please sign and date below to certify that all of the above information is correct and accurate to the best of your knowledge.

(signature)

(date)