

Please Return form to:
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**CALIFORNIA STATE BEEKEEPERS ASSOCIATION
APPLICATION FOR ALL AWARDS**

**BEEKEEPER OF THE YEAR
YOUNG BEEKEEPER OF THE YEAR
DISTINGUISHED SERVICE AWARD
HONORARY BEEKEEPER**

.....
CANDIDATE INFORMATION

NAME: _____

ADDRESS: _____ **CITY:** _____ **ZIP** _____

PHONE: _____ **DATE OF BIRTH:** _____

NAME OF SPOUSE: _____

CHILDREN AND AGES: _____

NUMBER OF YEARS AS A BEEKEEPER: _____ **MEMBER OF CSBA?** _____

NAME OF AFFILIATED CLUB: _____

SCHOOLING AND TRAINING COMPLETED: _____

LEADERSHIP ROLES, (Please list civic, local, state, national roles)

ORGANIZATION	LEADERSHIP ROLE	ACHIEVEMENTS
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Please continue on reverse side with biography as related to receiving this award.
Please copy this form for more than one candidate. MUST be submitted by October 15 of each year.

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NAME OF SPONSOR _____

ADDRESS _____ **PHONE** _____

CITY _____ **ZIP** _____