North Canterbury Beekeepers Club Inc Membership Application Form

Applicant Information

Name: Occupation:		Home Phone:
Age Group: Below 20, 20 - 50, above 50	Email:	Mobile Phone:
Current address:		
City:	Post Code:	Region:
Add me to the Opt-In Contact List N / Y	On the list show my region and: Home phone N / Y Mobile Phone N / Y Email N / Y	

Beekeeping Information

Your main purpose of beekeeping:		
Registered hive number: If not yet registered see next box >	New beekeepers with 1 or more hives please fill out a registration form and post it to PO Box 44282, Lower Hutt or register online at http://www.afb.org.nz/new-to-beekeeping-apiary-registration-form	I started beekeeping in:
Number of hives owned:	Number of Apiaries owned:	DECA holder? N / Y
Willing to inspect for others N / Y	Max distance willing to travel:	$/hr: $/km travel:

Emergency Information

Level of reaction to bee stings:	Hospitalisation required? N / Y Time Limit?	
Name of an emergency contact person:		
Address:		Phone:
City:	Region	Post Code
Relationship:		

Family Information - If Joining As A Family

Name:		Reaction level:
Relationship:	Email	Phone:
Name:		Reaction level:
Relationship:	Email	Phone:
Name:		Reaction level:
Relationship:	Email	Phone:

Signatures

Signature of applicant:	Date:

Club Use

Approved / Not Approved by the Committee on (Date):

Print club official's name: *Signed:* *Date:*

Payment of : $40 (Flat Fee - covers all members in a single household) made by: cash / internet banking *Date:*