

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:
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Club Use

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

Print club official's name:

Signed:

Date:

Payment of : \$25 (Single) / \$40 (Family)

made by: cash / internet banking

Date: