

NORTH CANTERBURY BEEKEEPERS CLUB MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	Post Code:	Region:
Add me to the calling list N / Y	Only region and phone # will show on the call list, you will get a hard copy if you opt in.	

BEEKEEPING INFORMATION

Your main purpose of beekeeping:		
Registered? N / Y Number:	New beekeepers please fill out the registration form on the back, if you do not have a number.	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 CONTACT

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 JOINT MEMBERSHIP

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

SIGNATURES

Signature of applicant:	Date:
Club Use	
Accepted by:	Position:
	Date:
Payment of \$	Date:
made by: cash / internet banking	

NEW BEEKEEPER OR NEW APIARY REGISTRATION FORM

APPLICANT INFORMATION

Fill this form out here (* required), or visit <http://www.afb.org.nz/new-to-beekeeping-apiary-registration-form> to do it online.

Once you have a beekeeper number log on here, <https://apiweb.asurequality.com/> to update details online.

Full Name: *

Company:

Email:

Are you? * New to beekeeping

A registered beekeeper and my code number is:

Postal address:

Suburb:

City:

Post Code:

Physical address if different from postal:

Suburb

City:

Post Code:

Phone number: Cell

Work:

Home:*

APIARY DETAILS

Property owner or occupier's name: *

Address: *

Region: *

Suburb: *

City: *

Post code: *

How many hives are in the apiary? *

Location of hives on property and best access: *

Latitude

Longitude

Is the apiary?

Permanent

Seasonal (circle appropriate) Spring / Summer / Autumn / Winter

Set months from: (month) to: (month)

Where when and who were the bees obtained from? Region: *

Date:*

Name: *

Beekeeper number:

Phone:

Print Name:

Signed:

Date: