IPSWICH AND WEST MORETON BEEKEEPERS ASSOCIATION INCORPORATED

APPLICATION FOR MEMBERSHIP

Date……

Surname……..

First Name……..

Membership Class
Please Tick

Ordinary Member - $25.00 per year
Family Membership (Complete details below)
(one ordinary Member + One Adult) - $30.00 per year

Partner/Wife/Husband's Name……

Address…….

…….

…….

Phone……..

Fax or Email…….

How long have you been keeping bees…….

How many hives do you have…….DPI Registration No…….

Do you wish to be on the DPI Swarm List? Yes/No .Area…….Radius/Klms…….

I/We apply to become Members of the Ipswich and West Moreton Beekeepers Associated Incorporated, and agree to abide by the Rules of the Association.

Signature……Proposed by…….

Seconded by……..Approved by Committee on……..

President Signature……