



Beekeepers' Society of South Australia Inc.

Membership Application Form

Surname:		First name:	
Address:			
Telephone:		Home: Mobile: Business:	
Email:			
Occupation:		Date:	
No. of hives:	Hive Code:	Registered with PIRSA: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of membership:			
Member: <input type="checkbox"/> As a beekeeper I accept that it is my responsibility to register hives with the Department of Primary Industries and Resources of SA. Fee: \$50.00			
Associate: <input type="checkbox"/> As an Associate member I declare that I do not own any beehives and understand that I have voting rights. Fee: \$50.00			
Junior Member: <input type="checkbox"/> Under 18 years - Parents/Guardian permission required to be involved. Parents/Guardian must chaperone Junior Member to meetings and BSSA events. Parent/Guardian name: Relationship to Junior: Address: Email: Telephone No.: Signature: Fee: \$25.00			
<i>Membership is subject to the agreement to abide by the BSSA Constitution.</i>			
Membership Fee: \$		Payment:	
Donation to BSSA \$		EFT: <input type="checkbox"/> Cheque: <input type="checkbox"/> Money Order: <input type="checkbox"/>	
<hr/> TOTAL AMOUNT DUE: \$		Beekeepers Society of SA Inc BSB: 065 -155 Account No.: 0090 0057 Signature:	
Please return this form with your payment to: The Secretary Beekeepers' Society of SA Inc PO Box 283 FULLARTON SA 5063			