



Beekeepers' Society of South Australia Inc.

Family Membership Form

(To be completed in conjunction with a Membership Application form)

Primary Contact:

Is the name that is given on the Membership Form attached.

Relationship to Juniors :

Signature of Primary Contact being the Parent/Guardian of the Junior member(s) listed below

Adult 2:

Family Name: _____ Given Name: _____

Please complete the following if different from the Primary Contact above

Address: _____
_____ P/code: _____

Phone: H: _____ M: _____

Email: _____ Buzzword (newsletter) by email Yes ☐ No ☐

No. of hives: _____ **Hive Code:** _____ **Registered with PIRSA:** Yes ☐ No ☐

Child 1

Family Name: _____ Given Name: _____

Please complete the following if different from the Primary Contact above

Address: _____
_____ P/code: _____

Phone: H: _____ M: _____

Email: _____ Buzzword (newsletter) by email Yes ☐ No ☐

No. of hives: _____ **Hive Code:** _____ **Registered with PIRSA:** Yes ☐ No ☐

Child 2

Family Name: _____ Given Name: _____

Please complete the following if different from the Primary Contact above

Address: _____
_____ P/code: _____

Phone: H: _____ M: _____

Email: _____ Buzzword (newsletter) by email Yes ☐ No ☐

No. of hives: _____ **Hive Code:** _____ **Registered with PIRSA:** Yes ☐ No ☐

**For three or more children please complete and attach another one of these sheets.
Please note for every additional child an additional membership fee of \$20 will apply.**