



Beekeepers' Society of South Australia Inc.

## Membership Form

|   |                                |   |  |
|---|--------------------------------|---|--|
| <b>Surname:</b>   |                                | <b>First name:</b>  |  |
| <b>Address:</b>   |                                |   |  |
| <b>Telephone</b>  | <b>Home:</b><br><b>Mobile:</b> |   |  |
| <b>Email:</b>   |                                |   |  |
| I would like to receive Buzzword (newsletter) by email      Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                |   |  |
| <b>Occupation:</b>  |                                | <b>Date:</b>  |  |
| <b>No. of hives:</b>  | <b>Hive Code:</b>              | <b>Registered with PIRSA:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>                    |  |
| <b>New Member:</b> <input type="checkbox"/> <i>Note: Membership is subject to the agreement to abide by the BSSA Constitution.</i>  |                                |   |  |
| <b>Renewal:</b> <input type="checkbox"/>  |                                |   |  |
| <b>Type of membership:</b>  |                                |   |  |
| <input type="checkbox"/> <b>Member:</b> <b>Fee:</b> \$65.00 due 1 <sup>st</sup> July (\$35.00 if joining between January 1 <sup>st</sup> to June 30 <sup>th</sup> – new members only)   |                                |   |  |
| I accept that it is my responsibility to register hives with the Department of Primary Industries and Resources of SA.  |                                |   |  |
| <input type="checkbox"/> <b>Family Membership:</b> For two adults and two children or one adult and three children.<br><b>Fee:</b> \$100.00 due 1 <sup>st</sup> July (\$70.00 if joining between January 1 <sup>st</sup> to June 30 <sup>th</sup> )<br><b>Please complete details on the Family Membership form and attach.</b> |                                |   |  |
| <input type="checkbox"/> <b>Junior:</b> <b>Fee:</b> \$30.00 Under 18 years - Parents/Guardian permission required and must chaperone Junior   |                                |   |  |
| Member to all BSSA events.  |                                |   |  |
| <b>Parent/Guardian name:</b>  |                                | <b>Relationship to Junior:</b>  |  |
| <b>Address:</b>   |                                |   |  |
| <b>Email:</b>   |                                |   |  |
| <b>Telephone No.:</b>   |                                |   |  |
| <b>Membership Fee:</b> \$   |                                | <b>Payment:</b>   |  |
| <b>Donation to BSSA:</b> \$   |                                | EFT: <input type="checkbox"/> Cheque: <input type="checkbox"/> Cash/Money Order: <input type="checkbox"/> |  |
| <b>TOTAL AMOUNT DUE:</b> \$   |                                | Beekeepers Society of SA Inc<br>BSB: 065 –155<br>Account No.: 0090 0057                                   |  |
| <b>Please return this form with your payment to:</b><br>The Secretary<br>Beekeepers' Society of SA Inc<br>PO Box 283<br>FULLARTON SA 5063   |                                |   |  |