

South Staffordshire & District BKA Membership Form - 2012



Name..... Title (Mr. Mrs. Etc.).....
 Address.....

 Postcode.....
 Telephone.....
 Email.....(please write clearly)

Please read the information sheet before filling in this section.

MEMBERSHIP FEE

Registered Member	£
Partner Member	£
Full Name.....	
BDI Cover for partner (if appropriate)	£
Country Member	£
Friend of South Staffs	£
ADDITIONAL INSURANCE (see details on BDI sheet)	£
Please state number of additional colonies insured
DONATION	£
TOTAL REMITTANCE	£

I do not wish my name to be on the membership list circulated to other members.

I have approximately.....colonies and.....years of beekeeping experience

Signed..... Date.....

Subscription with effect from 1st January 2012 for one year.