

Mornington Peninsula Beekeeper's Association Inc.

Membership Application

Please select the type of membership

SINGLE MEMBERSHIP (\$40 per year) FAMILY MEMBERSHIP (SEE OVER) (\$60 per year)
(Please Print - Block Letters)

LAST NAME: _____

GIVEN NAME/S: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS (If different from above): _____ POST CODE: _____

TELEPHONE NUMBERS (Including Area Code): _____ POST CODE: _____

(BH) _____ (AH) _____

Mobile _____

EMAIL ADDRESS: _____ Permission to send club notifications regarding Meetings and Speakers. Yes No

FAMILY MEMBER NAMES:

Two name badges will be provided, one for the first alphabetical family contact, and one for the second partner on this list. If more name badges are required, there will be a charge to cover the cost of producing them.

Please list alphabetically the 2 principal adults.

A child is a person under 18 years of age on the 1st of January during each year of membership.

1	LAST NAME: _____	\$40.00
	FIRST NAME/S: _____	
2	LAST NAME: _____	\$20.00
	FIRST NAME/S: _____	
3	LAST NAME: _____	Nil
	FIRST NAME/S: _____	
4	LAST NAME: _____	Nil
	FIRST NAME/S: _____	

Please turn over and complete the second page.

Are you currently a member of, or have you been a member of another Bee Club?

Yes	No
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Club Name: _____

How did you find out about the MPBA Club?

Name of Club member who Invited you:

Do you currently own bees? (please circle)

Yes	No
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If yes, how many hives

No. _____

Where are they kept:

Your Property
With Friends

No. _____
No. _____

Suburb: _____
Suburb: _____

What is your registration brand number?

Privacy: Information on this form shall be retained by the association, as required by the Associations Incorporation Act 1981 (as amended).

Our policy regarding the provision of email contact details to other club members requires the recipient to give their permission first.

All association member information shall also be held in accordance with the Privacy Act 2000 (as amended) and shall not be sold, traded or otherwise released, except as required by law.

Membership Fees: Annual Membership is based on a calendar year.

A Pro Rata fee of \$30 applies for a half year membership, if joining in September or later in any year - Plus a payment of \$40 for the following year's membership. This \$70 fee avoids payment of the \$20 Joining Fee.

Agreement: I wish to become a member of Mornington Peninsula Beekeepers Association Inc.

I support the purposes of the Association and agree to comply with the rules.

SIGNATURE: _____

DATE: _____ (Current date - Membership commences on this date following Committee approval of your application.)

PAYMENT OPTIONS:

In person: cash or cheque.

Postal Address: P.O Box 196, Mornington Vic 3931

Direct Deposit Account: Bendigo Bank Balnarring BSB: 633-000 ACCOUNT NUMBER: 167752427

Please ensure you include your description/reference with your transfer.

Office Use:

RECEIPT No.: _____

MEMBERSHIP YEAR: _____

NAME BADGE/s ORDERED: _____

EMAIL LIST UPDATED: _____

