

**ALAMEDA COUNTY BEEKEEPERS ASSOCIATION  
NEW AND RENEWING MEMBERSHIP APPLICATION**

**Regular ABCA Meetings** are held monthly on the second Tuesday at 7:00 pm at Studio One Art Center, 365 45th St., Oakland, CA 94609, unless otherwise published in the newsletter. ACBA meetings are open to the general public. We encourage anyone interested in beekeeping to join us. (Be prepared to introduce yourself at your first meeting.)

Membership runs from January 1st to December 31st. You are responsible for renewing your membership each January. Delinquency in dues payment results in suspension of voting and other member privileges and eventually cancellation of membership.

**Please complete** this application and questionnaire and give or send it to the secretary with a check payable to ACBA as your membership fee. This membership fee is \$10 and includes delivery of our monthly newsletter by email. **For USPS delivery of newsletters, the membership is \$16.** Your name will be placed on the membership roll and our mailing list, and you will be provided with a copy of the Constitution and Bylaws. (Mail to: ACBA Membership, % Paul Thompson, 1816 Magellan Drive, Oakland, CA 94611). Your newsletter will be emailed from [newsletter@alamedabees.org](mailto:newsletter@alamedabees.org).

Please fill out the questionnaire on page 2.

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**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For the convenience of the members, a roster will be distributed to members; if there is information you do **NOT** want included in the roster, please indicate with an X which is to be excluded.

\_\_\_\_\_  
(Signature)

**Please note:** Please consider a donation to club funds, it will be much appreciated.  
Extra donation above annual dues: \$10\_\_\_ \$25\_\_\_ \$50\_\_\_ Other\_\_\_ Thank you.

\$\_\_\_ Fee + \$\_\_\_ Donation paid on \_\_\_\_\_ received by: \_\_\_\_\_

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**RECEIPT**

Received from: \_\_\_\_\_ the sum of \$ \_\_\_\_\_

For membership dues/donations for the calendar year 20\_\_

Received by: \_\_\_\_\_

Please acquaint yourself with our website at [www.alamedabees.org](http://www.alamedabees.org). Past newsletters and much other useful information can be found here.

**QUESTIONNAIRE**  
**(For new and renewing members)**

Name: \_\_\_\_\_

Years of experience with bees \_\_\_\_\_

Type of hive (Langstroth, Warre, etc.) \_\_\_\_\_

How many hives do you have? \_\_\_\_\_

How many more do you want? \_\_\_\_\_

Describe your level of experience \_\_\_\_\_

Do you need or want a mentor?            Yes \_\_\_ No \_\_\_

Do you want to be on the swarm list for this year?            Yes \_\_\_ No \_\_\_

**Your contact for swarms will be your email. Phone notification is not used.**

Which areas would you serve (Number in order of preference)    Alameda \_\_\_ Albany \_\_\_ Berkeley \_\_\_  
Fremont \_\_\_ Hayward \_\_\_ Kensington \_\_\_ Oakland \_\_\_ Richmond \_\_\_ Contra Costa County (name area/s)

\_\_\_\_\_

I wish to sell (check all that apply):    Honey \_\_\_ Pollen \_\_\_ Wax \_\_\_ Bees \_\_\_

Produced at: \_\_\_\_\_

What suggestions do you have for programs at our meetings?

\_\_\_\_\_

The club always needs additional help. Are you interested in serving as an officer or in another role?

\_\_\_\_\_

\_\_\_\_\_

Would you be available as a speaker for schools or other groups?            Yes \_\_\_ No \_\_\_

Would you be available as a resource for other members? In what capacity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*This part remains with applicant*

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