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, ℡ Andre Kruglikov, Studio One Art Center, 365 45th St, Oakland, CA 94609). Your newsletter will be emailed from 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. 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? _______________________
_____________________________________________________________________________________

_____________________________________________________________________________________

This part remains with applicant

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