

ALAMEDA COUNTY BEEKEEPERS ASSOCIATION NEW AND RENEWING MEMBERSHIP APPLICATION

Regular ABCA Meetings are held monthly on the second Tuesday at 7:00 pm, 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 per year and includes delivery of our monthly newsletter by email from newsletter@alamedabees.org. 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.

You can join online at www.alamedabees.org — or you can print this form, contact treasurer@alamedabees.org to get the current postal address, and mail it with a check. If you mail the form, be sure to also fill out the questionnaire on page 2.

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: _____

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

Which areas would you serve (Number in order of preference):

Alameda___ Fremont___ Hayward___ Kensington___ Oakland___ Richmond___

Contra Costa County (also name area/s)_____

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

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?

