

Membership Form
CLEVELAND BEEKEEPERS ASSOCIATION - CBKA

Name _____

Address _____

_____ Post Code _____

Tel No. _____ Mob No. _____

Email Address _____

I do not have bees yet or I have ___ colonies of bees at (give address)

==== Membership Fees, 1st November 2017 - 31st October 2018 =====

See our website for full details of membership classes.

I wish to: (tick as appropriate)

- **RENEW full membership, £26** if paid before 31st December 2017.
or **£31** after this date to include late payment charge.
- **JOIN CBKA as a new full member, £26.** Any time during 2017 -18.
- **JOIN or** **RENEW as Associate** **Country** **Partner** **or**
Junior member . All **£16**. Late renewals paid after 31st December, **£21**.

BACS is the preferred method of payment

I have paid £ _____ by BACS into the CBKA account, Sort Code 40 43 11
Account Number 91063758. Please put your name-membership in the
reference field.

or

I enclose a cheque for £ _____

or

I have paid cash £ _____ to (name) _____

I give permission for my name, email address, address and telephone number to be included on the Register of Members of the British Beekeepers Association, Cleveland Beekeepers Association mailing list and the Animal and Plant Health Agency (APHA) BeeBase. No copy of your details will be made available to anyone other than the above organisations.

I agree to abide by the rules of the Association.

Signed: _____ Date: _____

Return your completed form to cbkamembership@teesbees.co.uk