

MEMBERSHIP FORM

Personal Information

Name	
Address & postcode	
Best telephone number for contact	
E:mail address	

Beekeeping Information

New to beekeeping?	Yes / No*
Number of years experience?	Number of hives?
Member of the Scottish Beekeepers Association?	Yes / No*

Data Protection Act Permissions

I agree to these details being shared with other members of either the Helensburgh or the Scottish Beekeepers Association	Yes / No*
I agree to these details being passed to Government Bee Inspectors in connection with their fight against such problems as AFB and EFB if we receive a request	Yes / No*

* delete as appropriate

While the Association takes care to limit the risks associated with beekeeping I accept that there are risks involved; as far as I know I have no allergic reaction to bee stings.

Before visiting the Association Apiary I will obtain and comply with the Visitor Information Sheet

Signed : Date

Cheques payable to Helensburgh & District Beekeepers Association

Please forward this with appropriate subscription to:

Membership category

- Full
- Household
- Honorary Life

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