



Beekeepers' Society of South Australia Inc.

Membership Form

Surname:		First name:	
Address:			
Telephone:		Home: Mobile:	
Email:			
I would like to receive Buzzword (newsletter) by email Yes <input type="checkbox"/> No <input type="checkbox"/>			
Occupation:		Date:	
No. of hives:		Hive Code:	
		Registered with PIRSA: Yes <input type="checkbox"/> No <input type="checkbox"/>	
New Member: <input type="checkbox"/> <i>Note: Membership is subject to the agreement to abide by the BSSA Constitution.</i>			
Renewal: <input type="checkbox"/>			
Type of membership:			
Member: <input type="checkbox"/> Fee: \$60.00 due 1 st July (\$25.00 if joining between January 1 st to June 30 th – new members only)			
I accept that it is my responsibility to register hives with the Department of Primary Industries and Resources of SA			
Associate: <input type="checkbox"/> Fee: \$60.00 due 1 st July (\$25.00 if joining between January 1 st to June 30 th – new members only)			
As an Associate member I declare that I do not own any beehives and understand that I have voting rights.			
Junior Member: <input type="checkbox"/> Fee: \$30.00			
Under 18 years - Parents/Guardian permission required and must chaperone Junior Member to all BSSA events.			
Parent/Guardian name:		Relationship to Junior:	
Address:			
Email:			
Telephone No.:			
Signature:			
Membership Fee: \$		Payment:	
Donation to BSSA: \$		EFT: <input type="checkbox"/> Cheque: <input type="checkbox"/> Cash/Money Order: <input type="checkbox"/>	
TOTAL AMOUNT DUE: \$		Beekeepers Society of SA Inc BSB: 065 –155 Account No.: 0090 0057	
IF PAYING BY EFT PLEASE ENSURE YOU INCLUDE YOUR NAME AS A REFERENCE			
Please return this form with your payment to:			
The Secretary Beekeepers' Society of SA Inc PO Box 283 FULLARTON SA 5063			