**Application for Membership to Ryedale Beekeepers’ Association**

|  |  |
| --- | --- |
| Title & First Name |  |
| Surname: |  |
| Address line 1: |  |
| Address line 2: |  |
| Address line 3: |  |
| Post code: |  |
| Telephone Number: |  |
| Email Address: |  |
| Number of colonies: |  | If you will have more than 3 colonies during the year please add the appropriate Bee Disease Insurance premium to the Full Membership application  |
| Type of membership [please tick box:] |
| Full £34.00 |  |  |  |
| Partner £24.00 |  |  |  |
| Junior [under 18] £7.00 |  |  |  |
| Associate £6.00 |  |  |  |

To keep our members informed, and help protect colonies from disease, our membership list is forwarded to the Regional Bee Inspector. Please tick box if you **do not wish** your contact details to be passed on.



**Signature**

# Please return by email, the completed form with confirmation of payment to:

treasurer@ryedalebees.co.uk

For Bee Disease insurance (BDI) – please add the following amount to the Full Membership subscription above when making payment.

Up to 3 hives Included in your subs above.

Up to 5 hives + £1.20

Up to 10 hives + £4.70

Up to 15 hives + £7.75

Up to 20 hives + £9.50

Up to 25 hives + £11.10

Up to 30 hives + £13.60

Up to 35 hives + £16.10

Up to 39 hives + £18.10

Payment by BACS/Online Banking.

Account: Ryedale Beekeepers Association

Account Number: 50151908

Sort Code: 60-13-38

Payment Reference: [yourname] + SUBS