Website: http://swfbees.com

## MEMBERSHIP APPLICATION

## Home Base for Meetings Meeting Locations are as noted on our website Meetings are the 2<sup>nd</sup> Wednesday of Each Month at 6:30 pm

Serving all the beekeepers (hobbyist, sideliners, commercial, pollinators, etc.) and the public/community of the Southwest Florida area. The purpose of our local association (BASF) is sharing of modern/proven beekeeping techniques and up-to-date knowledge as required to assist, improve, reinforce, and/or promote good beekeeping practices for our area. This is accomplished through all resources available to us such as but not limited to local meetings, local media, and online networking through website, forums, blogs, etc.

## MEMBERSHIP DUES: \$12.00\* PER YEAR

		2018
EEKEEPER'S NAME (First / Last):		
OUSE BEEKEEPER (First / Last):		
ILING ADDRESS (Street/P.O. Box):		
y)	(2-Letter State Abbrev.) (Zip	Code)
IONE:	E-MAIL:	

\*NOTICE: \$12 is local BASF dues ONLY and does NOT include FSBA (Florida State Beekeepers Association) fees or dues. FSBA dues are not collected by BASF. To be eligible for membership with our local association Beekeepers Association of Southwest Florida (BASF), you must also be a member in good standing with the Florida State Beekeepers Association (FSBA) and you are responsible for paying your own FSBA dues which are separate from our BASF dues. Membership period is from January 1<sup>st</sup> to December 31<sup>st</sup> (membership expires December 31<sup>st</sup> of each year). See you at the meeting on the 2<sup>rd</sup> Wednesday of each month at 6:30 pm.

18581 S River Rd Alva, FL 33920-3637 Website: http://swfbees.com

## **Consent and Release Form**

Authorization to photograph and release contact information for BASF purposes

I (or we)		he	reby give BASF the right	
BASF publication, on also include my mind	act information and photograph in website (http://swfbees.com), or or children should they be photo ction. I am over 18 years of age	in media promotions as B graphed while they accor	ASF sees fit. This would npany me at any BASF	
Name(s):				
Address:				
City:	State:	Zip:		
Phone:	Cell Phone: _	Cell Phone:		
Email:				
Signed (Primary Mem	ber):	Date	:	
Signed (Secondary, i.	e. Spouse, etc.):		Date:	
Consent for a Minor				
I am the parent or th above release.	e guardian of the minor named	above and have the legal	authority to execute the	
Name(s) of Minor Chil	dren:			
Signed (Parent or Leg	ıal Guardian):		Date:	