

Beekeepers Association of Southwest Florida, Inc.

MEMBERSHIP APPLICATION

Home Base for Meetings Meeting Locations are as noted on our website Meetings are the 2nd Friday 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: \$15.00* PER YEAR

< Please PRINT "Clearly" >				
CUT	DETACH	CUT		
		2020		
BEEKEEPER'S NAME (First / Last):				
SPOUSE BEEKEEPER (First / Last):				
MAILING ADDRESS (Street/P.O. Box):				
(City)	(2-Letter State Abbrev.)	(Zip Code)		
PHONE:	_ E-MAIL:			
Make checks payable to: Beekee	pers Association of South	nwest Florida (BASF)		
Mail this application and check to:	Virginia C. Riggs, Trea	surer		

*NOTICE: \$15 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. Our membership period is January 1st to December 31st (membership expires December 31st of each year). See you at the meeting on the 2nd Friday of each month except as noted on website http://swfbees.com. Always CHECK WEBSITE for our current meeting place, times, etc

18581 S River Rd Alva, FL 33920-3637



BEEKEEPERS ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Consent and Release Form

Authorization to photograph and release contact information for BASF purposes

I (or we)		ne	ereby give BASF the right
BASF publication, on web also include my minor ch	formation and photograph in site (http://swfbees.com), or i ildren should they be photogo. I am over 18 years of age.	n media promotions as E graphed while they acco	BASF sees fit. This would impany me at any BASF
Name(s):			
Address:			
City:	State:	Zip:	
Phone:	Cell Phone:		
Email:			
Signed (Primary Member):		Date	e:
Signed (Secondary, i.e. Տր	oouse, etc.):		Date:
Consent for a Minor			
I am the parent or the guabove release.	ardian of the minor named a	bove and have the lega	I authority to execute the
Name(s) of Minor Children	:		
Signed (Parent or Legal G	uardian):		Date: