



Membership Application 2020

Date: _____ Individual (\$25 p.a.)
Family (2 adults & child) (\$30 p.a.)

If Family, please list members:

Name: _____

Signature: _____

Contact Information (please print)

Phone: _____

Email: _____

Address: _____

May we include your contact information on a 'members only' section of the GBA website? Yes
No

Photography & Media Release

Does GBA have your permission to use photos you have submitted to share publicly and to promote the mission of GBA in, for example, our newsletters, website and social media? Yes
No

May GBA use photos in which you or your family are identifiable? Yes
No

Allergies

Do you or any GBA family member have a bee venom allergy? No
If yes, name: _____ Yes

If yes, do you/they carry an epi pen? No
Yes

Additional Information

How long have you been a beekeeper? _____

How many hives do you have?

How did you learn about GBA?