South Gippsland Beekeepers Inc.

Application for membership from 1st July 2023 to 30th June 2024

|  |  |  |  |
| --- | --- | --- | --- |
|  | Applicant # 1 | Applicant # 2 | |
| First name: |  |  | |
| Surname: |  |  | |
| Contact address: |  | | |
| Town / Suburb: |  | | Postcode |
| Phone #: |  |  | |
| Email address: |  |  | |
| **DEPI Reg No**  **(If available)** |  |  | |
| I wish to become a member of the South Gippsland Beekeepers Inc. and agree to support  the purpose of the club and to comply by the club rules. | | | |
| Signature: | | Date: | |

c Renewing membership ($40 ) c New member ($40)

Applicant Details

Method of payment: c Cash c Bank transfer

*Bank details:* *BSB* 633 000 (Bendigo Bank) *Account* 143 497 527 *Ref* Your name

|  |  |
| --- | --- |
| Office use only |  |
| Payment received: | \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ |
| Treasurer: |  |
| c Member notified c Email list updated | |

|  |  |
| --- | --- |
| 2023-2024 membership fees for SGB  Quarterly pro rata membership fees for new members joining throughout the year. School children free. | |
| *Month joined* | *Per adult* |
| July August  September | $40 |
| October November  December | $30 |
| January February  March | $20 |
| April May  June | $10 |

Please indicate if you would like your details shared with other club members. No Yes

If so, which details

First name Surname Town you live in Email address Phone number

*If posting this form:* South Gippsland Beekeepers Inc. PO Box 817

Leongatha, Vic 3953

**Email form to: treasurer@sgbeekeepers.org.au**

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