

HEXHAM BEEKEEPERS ASSOCIATION BEGINNERS HIVE SCHEME

APPLICATION FORM

Name:
Address:
Post Code:
Telephone:
Email:

Date joined HBKA:

<u>Details of Beekeeping Training</u>
Course name:
Who ran the course?:
How long was the course?:
When did you complete the course?:

Have you attended HBKA beginner apiary sessions? YES/NO

<u>Location of planned apiary</u>
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I declare:

I have not kept bees before

I agree to abide by the rules of the scheme.

I agree to register my bees with the National Bee Unit

I agree to allow the Seasonal Bee Inspector access to my bees as required

I understand that I have the use of the hive equipment for a full season (August to August) after which I can either return the equipment to HBKA in a clean and sound condition OR purchase the equipment for 75% of the cost to HBKA

Signed:

Date:-----/-----/-----

Completed forms should be returned by post to the Treasurer, **Jane Hughes, Cross House, Allendale, Hexham, NE47 9EL.**