

## Scottish Beekeepers' Association

## APPLICATION FOR INSTITUTIONAL MEMBERSHIP

Please complete in BLOCK CAPITALS and return to the Membership Secretary-Mhairi Neill, 3 Machan Avenue, Larkhall, ML9 2HE.

Full Name of Organisation	
Address of Registered Office	
Name of Nominee - Surname	Forename(s)
Contact Details: Name & Address incl Post (	Code (the Magazine will be mailed to this address)
Telephone	email
_	uary each year, is presently £25 (not for profit organisation) and £100 (for profit organisation).  conal Membership of the Scottish Beekeepers' Association and agrees to abide by the Constitution and Rules the subscription.
Nominee Signature	Date
<b>Local Beekeeping Associations</b> Name of Local Association, if known	
The initial SBA subscription payment sho	uld be made by cheque/postal order made payable to "The Scottish Beekeepers' Association".
To continue your membership of the SBA	in the next & subsequent years, please consider setting up a direct debit system of payments, which
• • •	ear. You can do this by completing a direct debit mandate (obtainable from the website or
membership secretary) and forwarding it	to the membership secretary.
For general guidance on membership rule	es, please visit
https://scottishbeekeepers.org.uk/images/	Constitution/GeneralMembershipRulesCorrected.pdf
Note specifically that Institutional Member	ership does not include cover under the SBA Insurance & Compensation Scheme
To help improve our service to members, ple	ease answer the following two questions:-
	per of the SBA? (Please tick or write in all that apply) (a) the magazine:
(b) education opportunities: (c) cont	tribute to support for Scottish bees & beekeeping: (d) meetings/conventions:
(e) other (please specify)	
2. From where did you first learn of the SBA	a? (Please tick or write in just one) (a) local beekeeping association: (b) SBA member:
·	gazine: (e) TV/radio: (f) other: (please specify)