

APPLICATION FOR MEMBERSHIP / 2024

Surname: First name: Known as:

ID Number: Occupation:

Physical address:

Town or city:

Postal address: Postal code:

Telephone: Cell:

Email address:

How many years in the industry: Number of hives:

Why do you want to be part of the Association?

.....
Do you render any bee related services? Honey / wax / hives / removals etc.

.....
Please describe:

WhatsApp group: Yes No

Are you registered with DAFF or SABIO: Nos:

NBA subscription R330 (includes spouse and dependent children)

Spouse and dependent children actively involved with parents in beekeeping to please each complete an application form.

Send completed forms to: **marietjie.marais59@gmail.com**

Date: **Signed:**

Chairman: Adriaan du Toit: 083 306 1446 Liaison: Riekie van der Berg: 082 972 1889

Secretary: Marietjie Marais: 073 278 0261

For office use:

Amount paid: Date: Receipt number:

Date of NBA certificate issued:

Signed the WhatsApp rules: Yes No