

APPLICATION FOR MEMBERSHIP / 2026

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: Nrs:

NBA subscription R400 (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: Johan Bornman: 082 674 6933

Secretary: Marietjie Marais: 073 278 0261