

**SOUTHERN NORTH ISLAND BEEKEEPING GROUP
INCORPORATED**



Member Subscription Form

1/4/2018 - 31/3/2019 INITIAL \$10.00

Name:

Business Name:

Postal Address:

Postal Code:

Phone Number:

Cell Number:

Number of hives:

Beekeeper

Payment Method

Internet Banking payee: Southern North Island Beekeeping Group Incorporated

A/C #: 15-3977-0067333-00

Please identify payment with your name

Cheques may be posted to address below

Privacy Statement:

Y N

I give permission to release the information on this form to those that may require it for the purpose of collecting industry statistics.

Y N

I give permission to have my name added to a membership list should one be published.

Signature:

Date:

The Treasurer:- 26 Cunliffe Street, Johnsonville, Wellington 6037
Ph:- 04 478.3367 Email:- lindsays.apiaries@gmail.com

1st July 2018