

## ESSEX BEEKEEPERS COLCHESTER DIVISION

### 2016 MEMBERSHIP SUBSCRIPTIONS

Your membership subscription is due from 1<sup>st</sup> January 2016, and should be renewed by the end of December. (Membership runs from 1<sup>st</sup> January to 31<sup>st</sup> December)

Payment can be made by cheque, cash or bank transfer.

#### CHANGES TO THE MEMBERSHIP FOR 2016, PLEASE READ THE INFORMATION CAREFULLY AS THERE ARE CHANGES THAT WILL AFFECT YOUR MEMBERSHIP.

Members are not entitled to the benefits of CBKA during 2016 until their subscription has been paid.

Bee Disease insurance (BDI) cover is subject to BDI regulations.

A separate membership form is required for each individual.

#### Membership classes

**Registered member** - for those individuals who keep bees and wish to take a full part in all the aspects of CBKA.

**Joint membership** - for those individuals who reside at the same address as a REGISTERED MEMBER.

**Junior member** - for individuals under 18 years of age. – These must be added along with a registered member.

**Group member, schools** - must have a named responsible adult.

NO BDI INSURANCE IS AVAILABLE TO ANYONE UNDER 16 YEARS OF AGE, SO IF THEY HAVE BEES PLEASE ENSURE THE REGISTERED MEMBER HAS COVER and has to be arranged by the parent /guardian.

Registered, joint and junior members have British Beekeepers Association membership and names and addresses will go on the list of registered members held by BBKA.

#### BDI INSURANCE THROUGH BDI LTD

Covers losses due to notifiable diseases, Insurance for 3 colonies is included in Registered members subscription only.

Registered members with more than 3 hives are required to increase the insurance component of their subscription as per the table below.

Joint members are **not** required to make any BDI PAYMENT, but the registered member is responsible for insuring all colonies owned by themselves and their joint member.

Junior members - beekeepers under the age of 16 are unable to take out insurance policies and any policy has to be arranged by the parent /guardian please inform the membership secretary if this is the case.

Members are advised to read the terms and conditions of this insurance before subscribing to ensure that the cover and terms are appropriate for their situation.

Use the table below to calculate the extra premiums payable. Special terms are available for members with 40 or more colonies.

**REGISTERED MEMBER**

**YOUR TOTAL NUMBER OF HIVES    ADDITIONAL COST**

|       |        |
|-------|--------|
| 1-3   | Nil    |
| 4-5   | £2.00  |
| 6-10  | £5.25  |
| 11-15 | £7.75  |
| 16-20 | £9.50  |
| 21-25 | £11.10 |
| 26-30 | £13.60 |
| 31-35 | £16.10 |
| 36-39 | £18.10 |

(Example: if you have 4 hives, the first 3 are covered in the subscription. You need to pay £2.00)

Please ensure all your hives are covered as under declaration may invalidate the insurance.

**GIFT AID**

The following terms apply.

I am a UK Tax payer. Please collect Gift aid on my behalf. To qualify you must pay an amount in Income tax or capital gains tax at least equal to the amount we will claim each tax year. Currently we can claim an extra 25p for every £1.00 of your subscription, at no extra cost to you.

Please fill in every part of the membership form WITH YOUR REMITTANCE MADE PAYABLE TO;

EBKA COLCHESTER DIVISION

**COLCHESTER BEEKEEPERS SUBSCRIPTION/ RENEWAL FORM 2016**

PLEASE WRITE IN CAPITAL LETTERS AND FILL IN **ALL** DETAILS. READ GUIDANCE NOTES FIRST BEFORE FILLING IN THESE FORMS AS THERE HAVE BEEN CHANGES FOR 2016. USE **ONE** FORM PER PERSON.

TITLE (MR / MRS ETC.)..... FIRST NAME.....

SURNAME.....

ADDRESS.....

.....

.....

TOWN.....

COUNTY.....

POSTCODE.....

TELEPHONE NUMBER HOME.....

TELEPHONE NUMBER MOBILE.....

E MAIL ADDRESS.....

**MEMBERSHIP CATEGORY**

PLEASE UNDERLINE THE CORRECT CATEGORY (see notes for membership categories)

REGISTERED MEMBER .....@ £33.50

JOINT (BOTH MUST RESIDE AT SAME ADDRESS).....@ £51.00

GROUP (SCHOOLS)....MUST INCLUDE A NAMED ADULT .....@ £33.50

JUNIOR MEMBER.....@ £6.50

BEE DISEASE INSURANCE FOR..... COLONIES.....£.....

**OPTIONAL EXTRAS**

Voluntary contribution to Divisional funds.....£.....

Voluntary donation for EBKA education fund.....£.....

Voluntary donation for Honeybee research determined by EBKA trustees.....£.....

**ESSEX BEEKEEPER MAGAZINE**

TO BE POSTED TO MY ADDRESS.....@ £5.00  
I WILL COLLECT FROM MEETINGS..... NO CHARGE  
I WILL READ ONLINE FROM EBKA WEBSITE..... NO CHARGE  
FRIEND OF COLCHESTER BEEKEEPERS.....@ £10.00

**GIFT AID**

I WOULD LIKE TAX TO BE RECLAIMED ON MY ELIGIBLE DONATIONS AND MEMBERSHIP  
SUBSCRIPTIONS FOR THE CURRENT YEAR YES NO

.....  
**SPRAY AND DISEASE INFORMATION.**

NUMBER OF HIVES.....  
LOCATION. WHERE HIVES ARE KEPT.....  
TELEPHONE CONTACT DETAILS  
DAY..... EVENING.....

.....  
**SWARM COLLECTION**

PLEASE BE AWARE THAT IF YOU HAVE AGREED TO COLLECT SWARMS YOU ARE AGREEING THAT  
RELEVANT DETAILS BE PASSED TO MEMBERS OF THE PUBLIC AND THAT YOU ARE COMPETENT IN  
SWARM COLLECTION.

I AM WILLING TO COLLECT SWARMS.....  
 YES  NO

.....

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YOUR NAME(s) ADDRESS, PHONE NUMBERS AND E MAIL ADDRESS WILL BE HELD ON COMPUTER BY COLCHESTER DIVISION, EBKA AND MAY BE GIVEN TO BBKA AND FERA AND TO OTHER MEMBERS OF EBKA PLEASE TICK THE BOX TO INDICATE YOU UNDERSTAND AND ACCEPT

SIGNATURE.....

DATE .....

TOTAL AMOUNT ENCLOSED. £.....

PLEASE MAKE CHEQUES PAYABLE TO; **EBKA COLCHESTER DIVISION**

POST COMPLETED FORMS AND YOUR REMITTANCE TO;

MEMBERSHIP SECRETARY

MISS BARBARA SHARP

3, FORDWICH ROAD

BRIGHTLINGSEA

ESSEX

CO7 ORE