



Sonoma County Beekeepers Association 2011 Membership Application

Mail to: SCBA, P.O. Box 98, Santa Rosa, CA 95402

Membership fee is \$25.00 for the calendar year (Jan-Dec)

Type: (check one) Renewal New Member

Name: _____ Date: _____

Business Name (if beekeeping related): _____

Mailing Address: _____ City: _____ State: _____ Zip _____

Phone numbers: home _____ cell _____

Email: _____

Beekeeping Website (if any): _____

Please respond to the following questions. Your feedback is important! Please use comment area to elaborate if necessary.

1. I am a new beekeeper or thinking about becoming a beekeeper
2. I would like to receive my newsletter: via email OR snail mail
3. I would like to contribute material for the newsletter: (please check all that apply):
share knowledge of – plants bees cooking with honey book reviews take photos
other _____
4. I would like to volunteer at events: (check all events of interest):
Apple Fair -Sebastapol (August) Harvest Fair –Santa Rosa (October) Misc. events (TBA)
5. I would like to sell my honey and/or bee products at our events
6. I have been keeping bees since _____ I currently have _____ colonies
7. I'd like to mentor new beekeepers in (towns of preference) _____
8. I'd like to do a presentation on a beekeeping topic at a meeting (please identify topic and what month you are available) _____
9. I'd like to see these topics presented at the meetings: _____
10. I have professional services I'm willing to contribute to the association: such as: accountant, lawyer, graphic arts, photography, video production, etc. _____
11. I would be willing to be a Board Member if nominated (please check):
President Vice President Secretary Treasurer Membership
12. I would like to volunteer as: Librarian Newsletter Editor Webmaster other _____
13. I would like a beekeeping mentor & my hives are located in (town) _____
14. I would be interested in taking a beekeeping class

For office use only:

Date received _____ Date entered in computer/website _____
Amount received _____ Officer's name _____
Check number or cash _____ Membership card given _____



Swarm Participation Application

Participation on the swarm list is open only to SCBA members who have paid their dues for the year of list publication. When on a swarm call I understand that I will not portray myself as a representative of SCBA although I will conduct myself in the most professional manner. I will be removed from the swarm list if SCBA receives credible reports of questionable behavior on my part.

How I want my contact information published on the website:

Name _____

Phone Number(s) with area codes _____

Other _____

I wish to participate in the following zones (check all that apply)

- Zone 1 – Rohnert Park, Cotati, Petaluma, Bodega Bay
- Zone 2 – Sonoma and Sonoma Valley
- Zone 3 – Santa Rosa and Sebastopol
- Zone 4 – Healdsburg, Cloverdale and North of Santa Rosa
- Zone 5 – Marin County
- Zone 6 – Mendocino and Lake Counties
- Zone 7 – Napa County

Please check the following comments that apply to your listing:

Check **one**: no fee \$ _____ fee fee dependant on distance

Check **one**: No structural extractions Structural extractions

Check appropriate: Works with contractor Homeowner responsible for repairs

Check appropriate: Available any time Specific days/times available _____

Pest Removal: Yellow jackets Wasps Hornets (Note: if you use insecticides you must be suitable licensed)

I will respond to swarm calls in a timely manner. If I cannot handle a specific call, I will refer the caller to the swarm list or to another beekeeper on the list.

I will always treat the bees in a humane fashion. Swarm retrieval is about saving the bees. I will NOT spray them with insecticides.

I will make every reasonable effort to retrieve the entire colony. I understand this means leaving the swarm box until sundown and returning to collect it once the foragers and scouts have had an opportunity to return to their colony.

Signature – (swarm participation form is not valid without it)

Date