

**MANITOBA BEEKEEPERS' ASSOCIATION
2020 APPLICATION FOR MEMBERSHIP**

PRINT INFORMATION PLEASE

NAME: _____	COMPANY NAME: _____
MAILING ADDRESS: _____	POSTAL CODE: _____
TELEPHONE: _____	EMAIL ADDRESS: _____
NUMBER OF COLONIES EXPECTED TO BE OPERATED in 2020: _____	

Payment due January 1, 2020, with deadline for membership payment – March 31, 2020

Memberships cover period from January 1, 2020 to December 31, 2020

MANITOBA BEEKEEPERS' ASSOCIATION NEW _____ or RENEWAL _____

1. MEMBER

A Producer who keeps 50 or more honey bee colonies in Manitoba, and who is a sole proprietor, or is the Designated Representative of a partnership, corporation, or Hutterite colony.

\$200.00 BASIC FEE \$ _____

Plus - Colony Levy (for the first 1,000 colonies) add **\$0.45 x** _____ **# of Colonies** = \$ _____

Plus - Colony Levy (for colonies 1,001 and greater, only) - add **\$0.14 x** _____ **# of Colonies** = \$ _____

2. ASSOCIATE MEMBER.

\$60.00 BASIC FEE \$ _____

A Volunteer, non-voting category, for beekeepers with 49 or fewer honey bee colonies in Manitoba, or a local or out-of-province industry supporter

3. INSTITUTION

\$100 USD BASIC FEE \$ _____

A Non-Canadian individual, organization, or entity, serving as a broker or library, requesting the MBA newsletter for reference material or other use.

NOTE: PAID-UP MEMBERS automatically receive the MBA newsletter “**The Manitoba Beekeeper**”, and only MANITOBA RESIDENTS may receive the Canadian Honey Council’s magazine “**Hive Lights**”.

BEE RESEARCH FUNDS-DONATIONS

BARRY FINGLER MEMORIAL FUND (Manitoba Beekeepers' Association) \$ _____

CANADIAN BEE RESEARCH FUND (Canadian Honey Council) \$ _____

INSURANCE (see MBA web section Bees-Protection for details) Not available after March 31, 2020

BEEKEEPERS LIABILITY INSURANCE (valid May.5, 2020-May.5, 2021) @ \$70.20 per year \$ _____

JOURNAL SUBSCRIPTIONS (This service available to MBA MEMBERS ONLY) **Not available after Mar.31, 2020**

AMERICAN BEE JOURNAL.....\$60.00 per year \$ _____

BEE CULTURE.....\$55.00 per year \$ _____

Paid by: CASH: _____ CHEQUE: _____ MCHP: _____ **TOTAL AMOUNT DUE** \$ _____

I request that the above amount be deducted from my account at the Manitoba Co-operative Honey Producers Limited (MCHP).

THERE IS NO “AUTOMATIC” DEDUCTION, Please initial below if MCHP is the payment option you choose.

Applicants please approve MCHP deduction by initialing here. _____

THANKS FOR YOUR SUPPORT. INFORMATION MAY BE USED TO PROVIDE PRODUCTS OR SERVICES BENEFITIAL TO MEMBERS.

APPLICATION DATE: _____ APPLICANTS SIGNATURE: _____

Please return this completed application together with payment to:
Manitoba Beekeepers' Association
PO Box 48123 Lakewood PO
Winnipeg, MB, R2J 4A3