

MANITOBA BEEKEEPERS' ASSOCIATION

2024 APPLICATION FOR MEMBERSHIP

January 1, 2024 to December 31, 2024

NAME: _____ COMPANY NAME: _____

MAILING ADDRESS _____ POSTAL CODE _____

TELEPHONE _____ EMAIL ADDRESS _____

NUMBER OF COLONIES EXPECTED TO BE OPERATED IN 2024 ____ If 50 or more colonies, please complete page 2.

Payment Due January 1, 2023 with Deadline for membership payment – March 31, 2024

MEMBERSHIPS

1. **Associate Membership** (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)

\$60.00

2. **Full Membership** (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)

Base Fee			\$200.00
Levy (50 to 1500 colonies)	Colony number	@0.50 per colony	
Additional Levy (1501 or more colonies)	Colony number (Total minus 1500)	@0.16 per colony	
TOTAL (Base Fee plus Levy plus Additional Levy)			

3. **INSTITUTION** – A Non-Canadian individual, organization, or entity, serving as a broker or library, requesting the MBA newsletter for reference material or other use. \$100.00US

BEE RESEARCH FUNDS-DONATIONS

BARRY FINGLER MEMORIAL FUND (Manitoba Beekeepers' Association)	
CANADIAN BEE RESEARCH FUND (Canadian Honey Council)	
KNOWLEDGE RESEARCH TRANSFER PROGRAM (cash or in-kind donation, please contact Secretary)	

INSURANCE (see MBA website Bees-Protection for details) **Not available after March 31**

BEEKEEPERS LIABILITY INSURANCE (valid 5 May 2024-5 May 2025) @ \$70.20 per year	
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JOURNAL SUBSCRIPTIONS - (THIS SERVICE AVAILABLE TO MBA MEMBERS ONLY) **Not available after March 31**

AMERICAN BEE JOURNAL - \$67.00 per year	
BEE CULTURE - \$92.00 per year	

TOTAL AMOUNT \$ _____

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

THERE IS NO "AUTOMATIC" DEDUCTION FOR PAST MEMBERS.

Applicants, please approve deduction by initialing here. _____

IF YOU WISH TO PAY BY ETRANSFER, PLEASE CONTACT TREASURER AT: nlmba@outlook.com

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

APPLICATION DATE: _____ APPLICANTS SIGNATURE: _____

Manitoba Beekeepers' Association

Designated Representative Form

1. Business Name of Registered Producer: _____
(Business name used on original Registration form)

2. Name of Registered Producer: _____
(Name of person completing this form)

Business Number: _____ Manitoba Agriculture Registration Number: _____

The Registered Producer of a Partnership, Corporation or Hutterite Colony must appoint one designated representative to have voting representation in the Manitoba Beekeepers' Association. The designated representative must be at least 18 years of age and a resident of Manitoba.

3. Name of Designated Representative: _____
Address: _____
Postal Code: _____ Email: _____
Phone #: (204) _____ FAX: (204) _____

4. Confirmation of eligibility of person appointed above as Designated Representative:
Designated Representative's Type of Business Entity: (Please check one only)

☐ Sole Proprietor:

☐ Partnership: To be eligible, a designated representative must hold at least 10% of the assets of the partnership and be entitled to 10% of the income of that partnership.
Does the person to be designated so qualify? ☐ Yes / ☐ No

☐ Corporation:

To be eligible, a designated representative must hold at least 10% of the voting shares in the corporation. Does the person to be designated so qualify? ☐ Yes / ☐ No

☐ Hutterite Colony:

To be eligible, a designated representative must be a member of the Hutterite Colony.
Does the person to be designated so qualify? ☐ Yes / ☐ No

5. Is the person to be designated, the designated representative of any other registered producer? ☐ Yes / ☐ No
(If "yes", to be eligible, a request to rescind that designation must accompany this form).

6. Is the person to be designated also a registered producer, as no individual who is a registered producer may be appointed as the designated representative of another registered producer? (If "yes", to be eligible, a request to rescind that registration must accompany this form)

7. I hereby affirm that the above information is correct to the best of my knowledge.

Signature: _____ Date: _____
(Signature of Registered Producer completing this form) (Date form completed)

8. Date Designated Rep. Form received: _____

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