

# Sonoma County Beekeepers' Association 2018 Membership Application

We welcome new members to our association of honored bee guardians, hobbyists, businesses, educators and anyone interested in supporting the honeybees.

For more detailed information please read the SCBA Membership page at [sonomabees.org](http://sonomabees.org)

**SCBA Personal Information Protection Policy:** Sonoma County Beekeepers Association is committed to safeguarding the personal information entrusted to us by our association members. Our policy outlines the principles and practices we follow in protecting your personal information.

Your membership fee payment is for the calendar year January 1, 2018 – December 31, 2018. You may pay by cash, check or credit card in person at monthly meetings. You may enroll by mail by sending a check for payment along with your completed and signed application and General Liability Release on the reverse side.

----- SCBA • P.O. BOX 98 • Santa Rosa, CA 95402 ~ [sonomabees.org](http://sonomabees.org) -----

## Status \* \* Required

Renewing  New

## Type of Membership \*

General Membership- \$50 – Up to two individuals in the same household. (1 vote)

Student- - Honorary "Beekeepers of Tomorrow"

Business Membership - \$100

## MEMBER CONTACT \*

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Contact phone \_\_\_\_\_

Email \_\_\_\_\_

## Additional household member:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

## CLUSTER Region \*

*At SCBA we create community by bringing members together with other beekeepers in their region or "Cluster". To be included in events and happenings in your area please choose the Cluster you want to be in.*

North  South  East  West  Central

Would you like to join the additional group for

- TopBar and alternative hives?  Yes  No
- Plants & Gardening?  Yes  No

## Member Information \*

*Please provide us with the following information:*

Years of beekeeping experience \_\_\_\_\_

## STUDENT 2018 Free ages 6--18

*Honorary "Beekeepers of Tomorrow" membership.*

Grade  Elementary  Middle School  High School

## BUSINESS Membership 2018

*The Business Membership is for any member owning a business. Your business doesn't have to be about beekeeping. Help build a networking community among fellow beekeepers.*

Business Name \_\_\_\_\_

## Member volunteer responsibilities \*

There are many events and opportunities that need your valuable help; we can't function without the help of volunteers. We are asking everyone to volunteer or be available to volunteer for a minimum of 6 hours per year.

I am able to help with: Please select 2 SCBA opportunities

Meetings: 2-3 hrs. (refreshments, set-up, takedown chairs, tables etc.)

Fairs: 2-3 hrs. (Heirloom, County and Gravenstein Fair)

Events: 2-3 hrs. (Sonoma County Children's Museum, Discovery Day, Sonoma State Science Day)

Cluster Events: 3 hrs. (Hosting a Bee Café or a Hive Dive)

Education: 2 hrs. (Assisting with a classroom presentation)

Fundraising:  Coordinating event,  Assisting the coordinator

Association:  Cluster team coordinator,  Board position,

Assisting: 3 hrs. assisting a cluster coordinator or board member (phone calls, computer, newsletter)

COMMENTS (Special interests, skills and talents)

\_\_\_\_\_

\_\_\_\_\_

## Swarm List 2018

*For placement on the swarm list, you must have experience in collecting bee swarms. If you are a new beekeeper and are hoping to collect your bees from a swarm, please contact your designated Cluster leader for more information. Members are required to attend an orientation and get signed off from the Swarm Coordinator before your name will appear on the list.*

I am a member in good standing and would like to be placed on the 2018 SCBA Swarm List.

Yes  No

Please provide information as you would like it displayed on the Swarm List.

Swarm phone 1: \_\_\_\_\_

Swarm phone 2: \_\_\_\_\_

### Swarm Region \* Check all that apply.

\* General memberships may only choose 1 swarm region listing

\*\* Business membership add-on may choose as many swarm regions as they like

\*\*\* Student Members may not apply to be on the swarm list

North  South  West  East  Central

### Availability \*

*Please mark times you are available for swarm collection*

Any time, any day

Weekends only

\*Structural Bee Removal

\*Pest Removal (yellow jacket, wasp, etc.)

\*There will be a separate list of Members who provide

Structural Bee Removal and or Pest Removal. See swarm coordinator for more information

### Swarm participation agreement

*By submitting this application I agree to the following:*

I will respond to swarm calls in a timely manner. If I cannot handle a specific call, I will immediately 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 an opportunity to return to their colony.

### Membership Agreement \*

I agree to abide by the SCBA mission which states:

*Our goal is to increase interest in and knowledge of bees and beekeeping for the hobby and commercial beekeeper, and to educate the general public in the value of bees. Additionally agree to abide by SCBA Best Management*

## General Liability Release \*

I am a member (or member applicant) of Sonoma County Beekeepers Association (SCBA), either as a sole member or together with members of my family as part of a family membership. I myself and, if applicable, each person who is included in my family membership, desire to participate in activities (Activity or Activities) sponsored and/or facilitated by SCBA (alone or in conjunction with others), including on property under control of SCBA or on other public or private property not under control of SCBA. In consideration for being permitted to become a SCBA member, enter said properties, and to participate in such Activities, and to induce SCBA and the Facilitators (defined below) to permit the undersigned (and other members of my family membership) to enter the properties and to participate in any of the Activities, I hereby voluntarily enter into and agree to this liability release (Release) on behalf of myself and each member of my family membership. I specifically acknowledge: (1) an Activity may occur on private property owned, leased, or controlled by persons helping to present or facilitate the Activity (each a Facilitator); (2) Activities may involve social or educational activities, group participation, may or may not involve one or more leaders (each also a Facilitator), a leader may or may not be compensated, the Activity may or may not involve a fee or SCBA membership requirement, and individuals participating in the Activity may run the gamut from beginner to expert in each aspect of the Activity; (3) the Activity could involve potentially dangerous risks, including bees (whose stings can cause severe allergic reactions in certain persons, and even lead to death), hands-on activities, difficult terrain, dangerous tools, ladders, transportation, chemicals, and other environmental and manmade hazards the extent and nature of which it is not feasible for SCBA to fully predict in advance, but all of which are intended to be covered by this Release. As a condition of my membership in SCBA, and a condition of members of my family being included in my SCBA family membership, and as a condition of my and my family's participation in any Activity, I acknowledge and agree that: 1. For myself and on behalf of my heirs, assigns, personal representatives, and successors, and (if applicable) on behalf of each member of my family who is part of my family membership in SCBA, I hereby release and indemnify, and agree to hold harmless and defend, SCBA, its members, officers, officials, agents, and/or employees, all Facilitators, and other Activity participants, sponsors, and advertisers (Releases), from and against any and all claims, demands, damages, losses, and liabilities arising out of or related to any injury, disability, or death, and property damage or loss, that I or any member of my family, or any person I invite to participate in the Activity, may suffer as a result of my or their participation in the Activity, or that I or they may cause to any other person or property, whether arising from the negligence of the Releases (either solely or jointly with others) or otherwise, to the fullest extent permitted by law. 2. I knowingly and freely assume all risks of the Activity, both known and unknown, including those arising from the negligence of the Releases and others, and I assume full responsibility and risk for my, and each member of my family's, participation in the Activity. I agree to comply with terms and conditions of participation in the Activity. 3. This Release is continuing and shall apply to all Activities in which I and any member of my family participate as relate to SCBA, regardless of the time passed between the date of this Release and the Activity date. I agree to the terms of the General Liability Release

I agree - Signature \_\_\_\_\_

*Practices* (see [sonomabees.org/SCBA\\_BMP](http://sonomabees.org/SCBA_BMP)).

**I agree - Signature** \_\_\_\_\_

For office use only:  Meeting  Mail

Payment:  Cash  Charge  Check # \_\_\_\_\_

