

# **GOLD COAST REGIONAL BEEKEEPERS INC.**

*"Furthering knowledge in Beekeeping by assisted learning and practical experience"*

PO Box 319, Ashmore City Qld 4214      www.gcrb.org.au

**President**

John Polley  
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**Secretary**

Mob:  
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**Treasurer**

Roslyn de Boer  
Mob 0417 142 072  
treasurer@gcrb.org.au

## **Renewal of Membership 2017/2018**

*July 1, 2017 - June 30, 2018*

I/We hereby apply to renew membership to the Gold Coast Regional Beekeepers Inc.

**Name of Member:** \_\_\_\_\_ **M/s #:** \_\_\_\_\_

**Beekeepers Registration No: ( DAFF / DPI):** \_\_\_\_\_ **Number of Hives:** \_\_\_\_\_

(Beekeepers must register with their appropriate state body i.e. Qld - DAF, NSW - DPI on acquisition of their first hive.)

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ @ \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Landline:** \_\_\_\_\_

**Family members:** \_\_\_\_\_

**Signature of Member:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parent for Junior application)      (by signing I agree to follow the Rules/Constitution of GCRB)

**I give permission for my contact details to be available to other members:**      YES \_\_\_\_\_ NO \_\_\_\_\_

**Signature:** \_\_\_\_\_ **M/s #** \_\_\_\_\_

(Please tick one)

**Membership Class:**      **Individual \$30** \_\_\_\_\_      **Family \$40** \_\_\_\_\_      **Junior \$15** \_\_\_\_\_

**Direct Deposit details:**

(Reference: please use your Surname)

**Account Name:**      **GCRB**  
**BSB:**      **484 799**  
**Account:**      **123519066**

**Cash: \$** \_\_\_\_\_ **Cheque: \$** \_\_\_\_\_ **Direct Deposit: \$** \_\_\_\_\_ **Date Deposit / Paid** \_\_\_\_/\_\_\_\_/\_\_\_\_

Cheques: Please make payable to: **Gold Coast Regional Beekeepers Inc.**

**Post or email this form to the Club Treasurer:    Post details above or email:    treasurer@gcrb.org.au**

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For office use only

Receipt No: \_\_\_\_\_ Date paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Committee Meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_      Membership:    Reg: \_\_\_\_\_    Waggle: \_\_\_\_\_

Membership Class Accepted:      Founding: \_\_\_\_\_    Life: \_\_\_\_\_    Individual/F: \_\_\_\_\_    Junior: \_\_\_\_\_    Honorary: \_\_\_\_\_

Applicant advised of decision \_\_\_\_/\_\_\_\_/\_\_\_\_      Membership No: \_\_\_\_\_