**BICWA membership application form**

First & Middle Name

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|  |

Last Name

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If applying for an organisation, organisation name:

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| --- |
| ABN: |

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*Legal structure Select the appropriate:* Not For Profit For Profit

Email:

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Mobile Number

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Residential or registered office address:

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Postal address if different to residential or office address:

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Membership category x *your selection*

* Registered Beekeeper / free membership

Please provide the below information

Hive brand number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ # registered hives (APC): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*APC Identification # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Alliance Partner
* Friend of BICWA

My consent statements

* I wish to become a member and support the objects of the company.
* I agree to comply with the company’s constitution.

|  |  |
| --- | --- |
| Your signature: | Date: |

**Return the completed & signed form to: info@bicwa.com.au**