

2010 OBA Membership Application Form



ONTARIO BEEKEEPERS' ASSOCIATION

8560 Tremaine Road, Box 476
 Milton, Ontario L9T 4Z1
 Phone: 905-636-0661
 Fax: 905-636-0662

One form required for each membership. Membership is for individual or one company or business partner

Registrant Name: _____ Company Name: _____
 Street Address: _____ Town _____ Prov. _____
 Postal Code: _____ Phone: _____ Fax # _____
 E-mail: _____ Website: _____ Alternate # _____

Regular OBA Membership - Required

OBA membership - choose the one most applicable to you.

If you have 49 hives or less you may apply for Associate or Voting membership

Associate - (non-voting) Membership - \$85 = _____

Junior Membership (16 and under) \$15 = _____
 Does not include Ontario Beekeeper Journal publications

Voting Membership - (Including mandatory CHC Fees, max \$700)
\$ 0.50 per hive plus \$ 100.00

50+ hives eligible for Voting Membership only

of hives _____ x \$0.50 = _____ + \$100.00 = _____

Plus mandatory CHC Fees

50 - 99 Hives - \$ 50.00 = _____

Small Commercial 100 - 299 hives - \$100.00 = _____

Large Commercial 300 or more - \$200.00 = _____

Industry \$250.00 = _____

Total OBA Membership

Fee \$ _____

Plus 5% gst \$ _____

Total \$ _____

Group Commercial Liability Insurance

For the year January 1, 2010 to December 31, 2010

Fee Structure:

Voting Member (50 hives or more) - \$112/yr

Associate Member (49 or less hives) - \$80/yr = _____

Please complete attached Insurance Information form

Total Liability Insurance

Fee \$ _____

**ONTARIO BEEKEEPERS' ASSOCIATION
COMMERCIAL LIABILITY INSURANCE
APPLICATION FOR MEMBERS**

January 1 to December 31, 2010

FULL NAMES: _____

Note: List every name you operate under when you sell your honey i.e. full personal name, company name(s), name of partners in a partnership, names in a corporation

Mailing Address: _____

Residence Location: _____

Note: Residence location (please ensure 911 address is provided) if you have a RR address or Box #

Telephone #: _____

Number of Hives Registered as of Date application submitted: _____

IMPORTANT: PHOTOCOPY YOUR CURRENT OMAF "APPLICATION TO KEEP BEES" FORM AND RETURN WITH THIS APPLICATION. You may use form below. Only applications with completed forms will be processed.

BEE YARD LOCATIONS as of date application submitted

Location	Township	Lot	Concession
Yard Location 1			
Yard Location 2			
Yard Location 3			
Yard Location 4			
Yard Location 5			
Yard Location 6			
Yard Location 7			
Yard Location 8			
Yard Location 9			
Yard Location 10			
Yard Location 11			
Yard Location 12			
Yard Location 13			

If you have additional locations please list on separate sheet of paper

In addition you may apply for the following

Special Memberships – optional

You must be a member of OBA

Ontario Apitherapy Association Membership – \$20

Ontario Honey Bee Pollination Association Membership – \$50
Please list counties where you do pollination

Ontario Bee Breeders' Association Membership – \$20
Please checkmark what you will have to sell in 2010

Queens _____ Queen Cells _____ Nucs _____

**Total
Special Memberships**

Fee _____

**Plus
5% gst** _____

Total \$ _____

Source Directory – optional

You must be a regular member of OBA

Source Directory Posting (website posting) - \$25

To list your Company please provide the following information:

Contact _____ Town/City _____

Company Name (s) _____

Address _____

Phone & Fax _____ Email _____

About Us (brief write up) _____

Services offered by your operation

Farm Gate Sales _____

Types of services _____

Industrial _____ Retail Distribution _____

Total Source Directory

Fee \$ _____

Magazine Subscriptions – optional

You must be a member of OBA.

Deadline for all subscriptions December 31, 2009.

American Bee Journal: New _____ Renewal _____

Canadian Funds - _____ 1 year - \$41.00 _____ 2 years - \$80.00

Bee Culture: New _____ Renewal _____

Canadian Funds - _____ 1 year – \$55.00 _____ 2 years - \$99.00

Total Subscriptions

\$ _____

\$ _____

Donation to OBA Tech Transfer Program – optional

Your generous donation funds Honey Bee health research throughout the province. *Thank you for your support.*

Privacy Policy: I do not wish to have my name disclose.

Total Donation

\$ _____

Recommended donation a \$1.00 per colony

PAYMENT SUMMARY

TOTAL OF ALL CATEGORIES

OBA MEMBERSHIP (Mandatory) _____

LIABILITY INSURANCE _____

SPECIAL MEMBERSHIPS _____

SOURCE DIRECTORY _____

MAGAZINE SUBSCRIPTIONS _____

OBA TECH TRANSFER DONATION _____

TOTAL PAYMENT \$ _____

Payment Information

Check payment method

_____ Cheque _____ VISA _____ Master Card

Credit Card # _____ Expiry
Date _____

GST reference # _____ Signature _____

Please make cheques out to: **Ontario Beekeepers' Association**

Mail To:

Ontario Beekeepers' Association
8560 Tremaine Road, Box 476
Milton, Ontario
L9T 4Z1