

2019 OBA Membership Application

for membership year January – December 2019 (amount is not pro-rated should you join or renew mid-year)

Name _____ Company name (if applicable) _____

Address _____ Town _____ Prov. _____ Postal Code _____

Tel _____ Cell Phone: _____ Email _____

Cc Email (optional) _____ Website _____

1. Memberships

All categories have access to all member benefits including voting unless noted otherwise. All memberships include a subscription to the *Ontario Bee Journal*, the Canadian Honey Council's *Hivelights* magazine and the OBA's electronic E-newsletter.

OBA Membership Renewal New

Choose **one**: w/HST (13%)

<input type="checkbox"/>	Young / new beekeeper (under age 30 or less than three years' beekeeper experience)	\$40	\$45.20	\$ _____
<input type="checkbox"/>	Small-scale beekeeper (fewer than 50 colonies)	\$85	\$96.05	\$ _____
Number of colonies currently registered with OMAFRA: (For Y/N and Small-scale beekeepers) _____				
<input type="checkbox"/>	Commercial beekeeper (50 colonies or more)	\$85	\$96.05	\$ _____
	+\$1 per colony (max. \$700) hive assessment fee + HST on hive count		HST (13%) +	\$ _____
	Number of colonies currently registered with OMAFRA: _____	\$ _____	+	\$ _____
<input type="checkbox"/>	Supplier Industry Supporter (Non-voting)	\$250	\$282.50	\$ _____
Sub-total				\$ _____

2. Special Memberships (optional)

w/HST(13%)

<input type="checkbox"/>	Ontario Bee Breeders' Association The OBBA supports the production of high quality Ontario bees. Please complete schedule 2. The items noted on the form will be listed on the Bees and Beekeeping Suppliers Directory page on the OBA website to promote your bee sales.	\$100	\$113	\$ _____
<input type="checkbox"/>	Ontario Honey Bee Pollination Association The OHBPA supports beekeepers providing pollination services. Your profile will be listed on the Pollination Services page on the OBA website to promote your pollination services.	\$50	\$56.50	\$ _____
<input type="checkbox"/>	Ontario Mead Makers' Association			
	Member	\$100	\$113	
	Associate Member	\$50	\$56.50	\$ _____
Sub-total				\$ _____

3.	Membership Benefits (optional)			
	Group Liability Insurance (\$5 million liability coverage through The Co-operators). Please fax, photograph or scan & email, or mail a copy of your OMAFRA Certificate of Honey Bee Registration for 2019 to the OBA office when you receive it. Insurance is not valid unless you are a registered beekeeper with OMAFRA. w/PST only (8%)			
<input type="checkbox"/>	Small-scale beekeeper (fewer than 50 colonies)	\$115	\$124.20	\$
<input type="checkbox"/>	Commercial beekeeper (50 colonies or more)	\$160	\$172.80	\$
4.	Web Postings (optional) To list your company, products, and services on a www.ontariobee.com webpage. Please complete Schedule 1 - for the Honey and Hive Products Directory; Schedule 2 - for Bees, Equipment and Supplies; and/or Schedule 3 - for Honey Bee Rescue & Removal Services Directory.			
	w/HST (13%)			
<input type="checkbox"/>	Where to Buy Honey and Hive Products Directory - most viewed webpage!	\$25	\$28.25	\$
<input type="checkbox"/>	Bees, Equipment and Supplies Directory (for non-OBBA members)	\$25	\$28.25	\$
<input type="checkbox"/>	Honey Bee Rescue & Removal Services Directory	\$25	\$28.25	\$
			Sub-total	\$
5.	Donations to OBA (optional)			
	Please consider a donation of \$1 / colony to support the work of your association			
	Tech-Transfer Program: applied honey bee testing, education and training			\$
	BeeCause: advocacy to protect Ontario's honey bees (and pollinators)			\$
<input type="checkbox"/>	Please accept this donation in honour of: _____		Sub-total	\$
<input type="checkbox"/>	I DO NOT wish to have my name publicly acknowledged as a donor			
	Payment Summary (sub-totals from each section which include taxes)			
1.	OBA Membership (Y/N, Small-scale, Commercial, Supplier Industry Supporter)			\$
2.	Special Memberships (OBBA, OHBPA, OMMA)			\$
3.	Membership Benefits (Group Liability Insurance)			\$
4.	Web Postings			\$
5.	Donations			\$
			Total	\$
	Payment Information			
<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>
	Cheque, payable to Ontario Beekeepers' Association			
	Credit Card Number: _____		Expiry Date: _____	
	Name on Credit Card: _____		Signature: _____	
	Welcome to the hive!			
	Ontario Beekeepers' Association 8560 Tremaine Road, Box 476, Milton, ON L9T 4Z1 t: 905 636-0661 f: 905 636-0662 info@ontariobee.com www.ontariobee.com			

Schedule 1 - 2019 Honey and Hive Products directory for membership year January – December 2019

Please fill out top portion if different than contact information on membership application

Directory contact name _____ Company name (if applicable) _____
 Address _____ Town _____ Postal Code _____
 Tel _____ Toll-free telephone _____ Fax _____
 Email _____ Website _____

Check all that apply:

Items for sale:	Farm Gate	Retail		Farm Gate	Retail
Liquid Honey	<input type="checkbox"/>	<input type="checkbox"/>	Propolis	<input type="checkbox"/>	<input type="checkbox"/>
Creamed Honey	<input type="checkbox"/>	<input type="checkbox"/>	Pollen	<input type="checkbox"/>	<input type="checkbox"/>
Raw Honey	<input type="checkbox"/>	<input type="checkbox"/>	Beeswax	<input type="checkbox"/>	<input type="checkbox"/>
Unpasteurized Honey	<input type="checkbox"/>	<input type="checkbox"/>	Beeswax Candles	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized Honey	<input type="checkbox"/>	<input type="checkbox"/>	Gift Packs	<input type="checkbox"/>	<input type="checkbox"/>
Kosher Honey	<input type="checkbox"/>	<input type="checkbox"/>	Cosmetics	<input type="checkbox"/>	<input type="checkbox"/>
Certified Organic Honey	<input type="checkbox"/>	<input type="checkbox"/>	Honey Confectioneries	<input type="checkbox"/>	<input type="checkbox"/>
Comb Honey	<input type="checkbox"/>	<input type="checkbox"/>	Bee Venom	<input type="checkbox"/>	<input type="checkbox"/>
Royal Jelly	<input type="checkbox"/>	<input type="checkbox"/>	Custom products/Event favours	<input type="checkbox"/>	<input type="checkbox"/>

Services:

Industrial Items:

School Talks	<input type="checkbox"/>		Light (15kg barrels), Unpasteurized		<input type="checkbox"/>
Honey House Tours	<input type="checkbox"/>		Light (15kg barrels), Pasteurized		<input type="checkbox"/>
Apitherapy	<input type="checkbox"/>		Heavy (barrels, tote bins, tankers), Unpasteurized		<input type="checkbox"/>
	Yes	No	Heavy (barrels, tote bins, tankers), Unpasteurized		<input type="checkbox"/>

Shipping available?

Farmers' Market locations:

Distance in km: km _____

Business description: This is your opportunity to market your business. You can include: your company motto or specialty, something you do better than other beekeepers, how long you have been in business, or simply your farm gate or retail hours of operation. Promote yourself! - Attach a separate sheet if you need more space.

Schedule 2 - 2019 Bees, Equipment & Supplies directory

for membership year January – December 2019

Please fill out top portion if different than contact information on membership application

Directory contact name _____ Company name (if applicable) _____
 Address _____ Town _____ Postal Code _____
 Tel _____ Toll-free telephone _____ Fax _____
 Email _____ Website _____

Check all that apply:

Bees, Equipment & Supplies

Queen Cells	<input type="checkbox"/>	Singles	<input type="checkbox"/>		Yes	No
Package Bees	<input type="checkbox"/>	Doubles	<input type="checkbox"/>	Shipping available?	<input type="checkbox"/>	<input type="checkbox"/>
Nucs	<input type="checkbox"/>	Queens	<input type="checkbox"/>	Distance in km:	<input type="text"/>	km

Beekeeping Equipment Supplier
Beekeeping Supplies

Business description: This is your opportunity to market your business. You can include: your company motto or specialty, something you do better than other beekeepers, how long you have been in business, or simply your farm gate or retail hours of operation. Promote yourself! - Attach a separate sheet if you need more space.

Schedule 3 - 2019 Bee Rescue & Removal Services directory

for membership year January – December 2019

Please fill out top portion if different than contact information on membership application

Directory contact name _____ Company name (if applicable) _____

Address _____ Town _____ Postal Code _____

Tel _____ Toll-free telephone _____ Fax _____

Email _____ Website _____

Check all that apply:

Bee Rescue & Removal Services

Cutouts (cut hole in wall to expose and remove bees)	<input type="checkbox"/>
Wasp Removal (other than honey bees)	<input type="checkbox"/>
Swarm Collection (easily accessible)	<input type="checkbox"/>
Bees Nest Removal (no deconstruction required)	<input type="checkbox"/>

Business description: This is your opportunity to market your business. You can include: your company motto or specialty, something you do better than other beekeepers, how long you have been in business, or simply your farm gate or retail hours of operation. Promote yourself! - Attach a separate sheet if you need more space.