

CHRISTCHURCH HOBBYIST BEEKEEPERS CLUB

Enrolment and Subscription (Re-enrolment) Payment form 2019/2020

/The membership subscription of (\$40) per annum becomes due on 1ST July and remains current until 30TH June the following year. Please send this completed form to the treasurer at the address or email as listed below advising of your payment means for those paying by internet banking please remember to include your name along with the payment. Methods of payment are over-page. **ENSURE THAT YOU GET A RECEIPT if paying cash.**

TREASURER: 28 Fairway Drive, Shirley, Christchurch 8061
phone: 3863366, <kkearney594@gmail.com>

YOUR DETAILS:

GIVEN NAME(S): _____

FAMILY NAME: _____

ADDRESS: _____

PHONE Numbers: _____ FAX Number _____

E - MAIL ADDRESS: _____ Registration N^o _____

Circle means of payment. (1) Telephone. (2) Electronic. (3) Over counter. (4) Cheque. **DATE**
Bank Account: Christchurch Hobbyist Beekeepers Club, 03-0767-0323307-00

DISCLOSURE: YES / NO Initialled: _____

Please indicate if you will permit your name and contact details to be disclosed to other members and apiary related interests.

DECA. Do you hold a Disease Elimination and Conformity Agreement certificate? YES / NO. N^o _____

If you have a DECA certificate are you prepared to inspect other peoples hives for certification purposes?
(terms negotiated between you and the other party) YES / NO

Use this portion to record details of person accepting your subscription (Please leave this following part attached)

Subs of \$ _____ **received by (print)** _____ **sign name** _____

Received by treasurer _____ **receipt number** _____

Please fold and tear or cut along this line

Use this cut off portion as members temporary receipt

Some people prefer to pay their annual subscription on the monthly field day rather than sending the amount by post to the treasurer. Several of the committee members have the authority to accept your subscription and to issue receipts. So that a check line is created please ask the person to whom you paid your sub to fill in the detail below. Please retain this stub as your record of payment. Hand the above completed form to the member for recording.

Members Name: _____ **Date paid:** _____

Received \$ _____ **by (name in BLOCK CAPITALS)** _____ **Signature:** _____