**Sonoma County Beekeepers’ Association 2017 Membership Application**

We welcome new members to our cadre of honored bee guardians & hobbyists, businesses & educators - anyone interested in supporting the honeybees.

For more detailed information please read the SCBA Membership page at [sonomabees.org](http://sonomabees.org)

**SCBA Personal Information Protection Policy:** Sonoma County Beekeepers Association is committed to safeguarding the personal information entrusted to us by our association members. Our policy outlines the principles and practices we follow in protecting your personal information.

Your membership fee payment is for the calendar year January 1, 2017 – December 31, 2017. You may pay by cash, check or credit card in person at monthly meetings. You may enroll by mail by sending a check for payment along with your completed and signed application and General Liability Release on the reverse side.

------- SCBA • P.O. BOX 98 • Santa Rosa, CA 95402 ~ sonomabees.org -------

<table>
<thead>
<tr>
<th>Status * * Required</th>
<th>STUDENT 2017 Free ages 6-18</th>
</tr>
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<tbody>
<tr>
<td>Renewing New</td>
<td>Honorary “Beekeepers of Tomorrow” membership.</td>
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<tr>
<th>Type of Membership *</th>
<th>BUSINESS BENEFIT PACKAGE 2017</th>
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<tbody>
<tr>
<td>General Membership $50 – Up to two individuals in the same household. (1 vote)</td>
<td>Our Business membership is for any member owning a business. Your business doesn’t have to be about beekeeping. Help build a new networking community among fellow beekeepers.</td>
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<tr>
<td>Student - Honorary “Beekeepers of Tomorrow”</td>
<td>Business Name ____________________________</td>
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<tr>
<td>Business Benefit Add-on - $100 (Bee or non-Bee related.)</td>
<td>Business email ____________________________</td>
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**MEMBER CONTACT * **

First Name ________________________________
Last Name ________________________________
Mailing Address _____________________________
________________________________________
City _____________________________________
State ___________________________________
Zip code ________________________________
Contact phone ____________________________
Email ___________________________________

**Additional household member:**

Last Name ________________________________
First Name ________________________________

**CLUSTER Region**

At SCBA we create community by bringing members together with other beekeepers in their region or “Cluster”. To be included in events and happenings in your area please choose the Cluster you want to be in.

- North
- South
- East
- West
- Central

Would you like to join the additional group for
- TopBar and alternative hives? Yes No
- Plants & Gardening? Yes No

**Member volunteer responsibilities**

There are many events and opportunities that need your valuable help: we can’t function without the help of volunteers. We are asking everyone to volunteer or be available to volunteer for a minimum of 6 hours per year.

I am able to help with: Please select 2 SCBA opportunities

- Meetings: 2-3 hrs. (refreshments, set-up, take-down chairs, tables etc.)
- Fairs: 2-3 hrs. (Heirloom, County and Gravenstein Fair)
- Events: 2-3 hrs. (Sonoma County Children’s Museum, Discovery Day, Sonoma State Science Day)
- Cluster Events: 3 hrs. (Hosting a Bee Café or a Hive Dive)
- Education: 2 hrs. (Assisting with a classroom presentation)
- Fundraising: □ Coordinating event, □ Assisting the coordinator
- Association: □ Cluster team coordinator, □ Board position,
- Assisting: 3 hrs. assisting a cluster coordinator or board member (phone calls, computer, newsletter)

**Member Information**

Provide us with the following information on how the SCBA can best serve you and you serve SCBA and the public.

Years of beekeeping experience ________________

**Swarm List 2017**

For placement on the swarm list, you must have

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[sonomabees.org](http://sonomabees.org)
Experience in collecting bee swarms. If you are a new beekeeper, hoping to collect your bees from a swarm please contact your designated Cluster leader for more information. Members are required to attend an orientation and get signed off from the Swarm Coordinator before your name will appear on the list.

I am a member in good standing and would like to be placed on the 2017 SCBA Swarm List.  
Yes  No

Please provide information as you would like it displayed on the Swarm List This may be different than on your application; if business or family

Swarm phone 1

Swarm phone 2

Swarm Region * Check all that apply.
* General memberships choose 1 swarm region listing
** Business memberships may choose as many swarm regions as they like
*** Student Members may not apply to be on the swarm list

North  South  West  East  Central

Availability *  
Please mark times you are available for swarm collection
Any time, any day  Evenings and weekends  Weekends only

Swarm participation agreement  
By submitting this application I agree to the following:
I will respond to swarm calls in a timely manner. If I cannot handle a specific call, I will refer the caller to the swarm list or to another beekeeper on the list.
I will always treat the bees in a humane fashion. Swarm retrieval is about saving the bees. I WILL NOT spray them with insecticides.
I will make every reasonable effort to retrieve the entire colony. I understand this means leaving the swarm box until sundown and returning to collect it once the foragers and scouts have an opportunity to return to their colony.

Membership Agreement  
I agree to abide by the SCBA mission which states *
Our goal is to increase interest in and knowledge of bees and beekeeping for the hobby and commercial beekeeper, and to educate the general public in the value of bees. Additionally agree to abide by SCBA Best Management Practices (see http://sonomabees.org/new-membership-page/scba_bmp/)

I agree - Signature ___________________________

For office use only: ☐Meeting  ☐Mail
Payment: ☐Cash  ☐Charge  ☐Check #_________

General Liability Release *
I am a member (or member applicant) of Sonoma County Beekeepers Association (SCBA), either as a sole member or together with members of my family as part of a family membership. I myself and, if applicable, each person who is included in my family membership, desire to participate in activities (Activity or Activities) sponsored and/or facilitated by SCBA (alone or in conjunction with others), including on property under control of SCBA or on other public or private property not under control of SCBA. In consideration for being permitted to become a SCBA member, enter said properties, and to participate in such Activities, and to induce SCBA and the Facilitators (defined below) to permit the undersigned (and other members of my family membership) to enter the properties and to participate in any of the Activities, I hereby voluntarily enter into and agree to this liability release (Release) on behalf of myself and each member of my family membership. I specifically acknowledge: (1) an Activity may occur on private property owned, leased, or controlled by persons helping to present or facilitate the Activity (each a Facilitator); (2) Activities may involve social or educational activities, group participation, may or may not involve one or more leaders (each also a Facilitator), a leader may or may not be compensated, the Activity may or may not involve a fee or SCBA membership requirement, and individuals participating in the Activity may run the gamut from beginner to expert in each aspect of the Activity; (3) the Activity could involve potentially dangerous risks, including bees (whose stings can cause severe allergic reactions in certain persons, and even lead to death), hands on activities, difficult terrain, dangerous tools, ladders, transportation, chemicals, and other environmental and manmade hazards the extent and nature of which it is not feasible for SCBA to fully predict in advance, but all of which are intended to be covered by this Release. As a condition of my membership in SCBA, and a condition of members of my family being included in my SCBA family membership, and as a condition of my and my family’s participation in any Activity, I acknowledge and agree that: 1. For myself and on behalf of my heirs, assigns, personal representatives, and successors, and (if applicable) on behalf of each member of my family who is part of my family membership in SCBA, I hereby release and indemnify, and agree to hold harmless and defend, SCBA, its members, officers, officials, agents, and/or employees, all Facilitators, and other Activity participants, sponsors, and advertisers (Releases), from and against any and all claims, demands, damages, losses, and liabilities arising out of or related to any injury, disability, or death, and property damage or loss, that I or any member of my family, or any person I invite to participate in the Activity, may suffer as a result of my or their participation in the Activity, or that I or they may cause to any other person or property, whether arising from the negligence of the Releases (either solely or jointly with others) or otherwise, to the fullest extent permitted by law. 2. I knowingly and freely assume all risks of the Activity, both known and unknown, including those arising from the negligence of the Releases and others, and I assume full responsibility and risk for my, and each member of my family’s, participation in the Activity. I agree to comply with terms and conditions of participation in the Activity. 3. This Release is continuing and shall apply to all Activities in which I and any member of my family participate as relate to SCBA, regardless of the time passed between the date of this Release and the Activity date. I agree to the terms of the General Liability Release

I agree - Signature ___________________________
VOLUNTEER with SCBA *

Name_______________________________________________
Email _______________________________________________
Phone ______________________________________________

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COMMENTS (Special interests, skills and talents)