

Southeast Beekeeping Club

MEMBERSHIP APPLICATION FORM

Club Year 2024 (January 1, 2024 thru December 31, 2024)

Meeting Location: Pikes Peak Grange / 3093 N State Highway 83 / Franktown, CO 80116

Meeting Dates: Meetings are held 6:00-8:30 p.m. the first Wednesday of each month.
(Check-In & Potluck at 6:00 p.m. Meeting begins at 6:30 p.m.)

Membership Dues: \$22 per calendar year per household
\$15.00 to Southeast Beekeeping Club
\$7.00 to the Colorado State Beekeeping Association
*(If you have paid CSBA dues directly or through another club, you do **not** need to pay again to SEBC.)*

STARTING ON APRIL 16, 2024, the board has elected to increase annual dues by \$3/year to support rising costs including the club apiary, guest speakers, rising insurance costs, and more.

\$25 per calendar year per household:

\$18.00 to Southeast Beekeeping Club
\$7.00 to the Colorado State Beekeeping Association

Payment:

Check - Make payable to Southeast Beekeeping Club (SEBC).

If mailed, send to "SEBC Treasurer Janice Cobb" at the club's address below.

Cash - Exact change preferred.

PayPal - Southeast Beekeeping Club <https://paypal.me/SoutheastBeekeepingC>

Personal Information is used only for official association business and is not divulged to others inside or outside the association without your permission.

Mailing Address:

Southeast Beekeeping Club
ATTN: Treasurer
PO Box 1221
Parker, CO 80134

If you have questions, feel free to email, text, or call any of the 2024 Officers/Equipment Manager:

President: Ann Atkinson atkinsonannj@gmail.com 303-829-5096

Vice President: Veronica Berry vthomas2006@gmail.com 720-366-3247

Secretary: Mike Hadley hadley.michael@gmail.com 303-999-7664

Treasurer (& Registrar): Janice Cobb jkesscobb@gmail.com 303-521-4716

Equipment Manager: Doug Wilson douglas.wilson@cuanschutz.edu 505-433-0217
CALL or EMAIL ONLY

SEBC Website: <http://www.southeastbeekeepingclub.com>

SEBC Email Address: sebcebeemail@gmail.com

SEBC Facebook Page: Southeast Beekeeping Club - Colorado

CSBA Website: <http://coloradobeekeepers.org>

CSBA Facebook Page: Colorado State Beekeepers Association CSBA

SOUTHEAST BEEKEEPING CLUB

APPLICANT INFORMATION: (Please PRINT clearly)

Date: _____

Name (First & Last) _____

Address _____

City, State ZIP _____

Email Address: _____

Preferred Phone: _____

Alternate Phone: _____

May we use your information in a SEBC Members-Only Directory? Yes ___ No ___

(We respect your privacy and will never sell, rent, lease or give away your information (name, address, email, etc.) to any third party.)

Please provide the names of other members of your household whom you wish to list as members. If they have a different last name, email address or phone number, please list those with their name.

Please let us know if you have a paid 2024 membership at other bee clubs, i.e., High Land Beekeeping Club, Mile Hive Club, Northern Colorado Beekeepers, etc.:

2024 SOUTHEAST BEEKEEPING CLUB (SEBC)

Agreement to Hold Harmless and Release of Liability (for Household)

I, (list all adults) _____, the undersigned, in consideration for the privilege of participating in the Southeast Beekeeping Club, hereby agree to strictly abide by the rules, regulations and policies of the Southeast Beekeeping Club. This applies to any locations/recreational areas used by the club, as well as the use of any of the club's equipment.

I certify that I am over the age of 18 and of sound and disposing mind. I understand that participating in this club can expose me to risks of property damage as well as a bodily injury or death. I knowingly and voluntarily elect to participate in these activities at my own risk and I agree to release, defend, indemnify, and hold harmless, the Southeast Beekeeping Club, together with their members, assignees, officers, agents, and their successors from all liability, costs, damages, or loss my property, and/or all bodily injury (including death) resulting or arising from my participation in these activities. This unconditional release of liability is equally binding on my heirs and assigns.

I, _____, am the parent or guardian of (list all participating minors) _____ . I hold SEBC harmless and release SEBC from liability for these minors. (sign below)

Adult Signature _____ Date _____
Adult Signature _____ Date _____
Adult Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

FORM MUST BE COMPLETED AND SIGNED EACH YEAR

THANK YOU!