

APPLICATION FORM FOR MEMBERSHIP IN THE EUROPEAN BEEKEEPING ASSOCIATION

On behalf of my beekeeping organization, I declare that my beekeeping organization voluntarily joins the European Beekeeping Association, which will be established at the founding Assembly on February 10th, 2024.

Personal Information

Name of the beekeeping association:

Full Name of person submitting the form on behalf of the beekeeping association:

Function of person submitting the form on behalf of the beekeeping association:

Contact Information

Address :

City :

Postal Code :

Email:

Mobile Phone :

Agreement

By submitting this application, I agree to abide by the rules and regulations of the Beekeeping Association and promote responsible beekeeping practices.

Yes No

I consent to the above information being used for administrative processing by the European Beekeeping Association.

Yes No

I consent to the above information being stored in both physical and digital databases by the European Beekeeping Association.

Yes No

_____ Date

_____ Signature