



**Member Registration Form**

MEMBER NAME/BUSINESS NAME:

.....

ADDRESS: ..... TEL: .....  
 ..... CELL: .....  
 ..... EMAIL: .....

DALRRD registration number: .....

(N.B: Under the **Agricultural Pests Act, 1983 (Act No. 36 of 1983)** and **Control Measures R858 of 15 November 2013**, any person who keeps, owns, or is in charge of a colony of honeybees, whether for commercial, hobbyist or as a bee removal service provider, is **legally** required to register **annually** with the Department of Agriculture, Land Reform and Rural Development as a beekeeper. This registration is free of charge

**If you are not registered, please complete the attached registration form & mail to [info@wcba.co.za](mailto:info@wcba.co.za) )**

<u>MEMBERSHIP FEE (01/03/2023 – 28/02/2024)</u>	
<ul style="list-style-type: none"> <li>• Main member - R450</li>   <li>• Additional Member - R150 (Must be related to your business)                      NAME, SURNAME, EMAIL, CELL, DALRRD NUMBER IF AVAILABLE                      .....                      .....</li>   <li>• Youth Member- R150 (17 years and under)</li> <li>• Development Beekeeper - R150</li> <li>• Friends of WCBA - R200 (Not residing in Western Cape /Non Beekeeper)</li> </ul>	
<b>Amount Payable</b>	<b>R</b>

Payment via EFT to: Western Cape Bee Industry Association, FNB Account: 63050292499, Branch code 250655.  
**Please mail registration form with proof of payment to [info@wcba.co.za](mailto:info@wcba.co.za)**

Mark the following where applicable:

- Add me to the WhatsApp Info Group: Member    Additional member    Youth member    Friends of WCBA
  
- Information about your beekeeping activities:
 

<input type="radio"/> <b>Beekeeping experience:</b>	Beginner/novice	Intermediate	Advanced
<input type="radio"/> <b>Honey production:</b>	Own consumption	Small-scale	Commercial
<input type="radio"/> <b>Pollination:</b>	Not relevant	Small-scale	Commercial
<input type="radio"/> <b>Other:</b>	Bee Removal	Manufacturing	Retail

**I hereby declare that I will fully subscribe to the WCBA constitution, Code of Conduct, standards and other applicable regulations.**

.....  
 Date

.....  
 Signature