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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Huddersfield and District Beekeepers Association (HDBKA) | | | | | | | | | | |
| Membership Form 2017 / 2018 | | | | | | | | | | |
| Name |  | | | | | | | | | |
| Address |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Post Code |  | | | | Email | |  | | | |
| Telephone |  | | | | Mobile | |  | | | |
| Membership |  | | | | | | | | | |
| Full Individual Membership | | | a beekeeping adult | | | | | | £28.00 |  |
| Country Membership | | | a non-beekeeping adult | | | | | | £16.50 |  |
| Full Family Membership | | | two adult beekeepers & non-beekeeping children, all living at the same address | | | | | | £47.50 |  |
| Half Family Membership | | | one adult beekeeper, one non-beekeeping adult & children, all living at the same address | | | | | | £32.00 |  |
| Junior Membership | | | a junior (under the age of 18 on 1 October 2015) keeping / handling bees | | | | | | £15.50 |  |
| Associate Member (1) | | | Already a full member of another YBKA District Association | | | | | | £4.00 |  |
| Associate Member (2) | | | Already a member of another BBKA Area Association | | | | | | £7.00 |  |
| Bee Disease Insurance | | | Membership includes insurance for the first three hives: additional fee required for additional hives (see over for more information) | | | | | |  |  |
| Voluntary Donation to YBKA fund supporting Research into Honeybee Nutrition by Ben Jones at NBU, Sand Hutton, York and Exeter University (YBKA has agreed to double the member’s donation including Gift Aid component) | | | | | | | | | Suggested amount £3.00 |  |
|  | | | | | | | | | TOTAL |  |
|  | | | | | | | | | | |
| I agree that my personal details (name, address, phone & email) be shared with other members of HDBKA | | | | | | | | | | YES/NO |
| How many Years have you been keeping bees? | | | | | | | | | | |
|  | | 0 | | 1 - 5 | | 6 - 10 | | 11 or more | | |
| Please complete this form and return it, along with a cheque made payable to the HDBKA to the Membership Secretary  Angela Rafferty, 5 St Mary’s Square, Honley, HD9 6BA  OR  Pay by Bank Transfer to Lloyds Bank. Sort Code: 30-94-43. A/C No: 04334829.  **Bee Disease Insurance Premium**   |  |  | | --- | --- | | **No of colonies** | **Additional premium** | | 3 or less | none | | 4 or 5 | £2.00 | | 6 to 10 | £5.25 | | 11 to 15 | £7.75 | | 16 to 20 | £9.50 | | 21 to 25 | £11.10 | | 26 to 39 | add 50p per hive | | 40 or more | contact BDI | | | | | | | | | | | |
|  | | | | | | | | | | |

**Charity Gift Aid Declaration**

**Boost your donation by 25p of Gift Aid for every £1 you donate**

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

**In order to Gift Aid your donation you must tick the box below:**

I want to Gift Aid my donation of £\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and any donations I make in the future or have made in the past 4 years to:

**Name of Charity Huddersfield & District Beekeepers Association**

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

**My Details**

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name or initial(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please notify the charity if you:**

 want to cancel this declaration

 change your name or home address

 no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

**Signature...................................................**

**Date...........................................................**