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| Huddersfield and District Beekeepers Association (HDBKA) |
| New Member Form 2019 / 2020Please note this form is for NEW members only. Renewing members will be emailed a link to their online membership record and can check and confirm their details there.  |
| Name |  |
| Address |  |
|  |  |
| Post Code |  | Email |  |
| Telephone |  | Mobile |  |
| Membership | \*You must complete **ALL** the details above for our records |
| Full Individual Membership | a beekeeping adult | £28.00 |  |
| Full Family Membership | two adult beekeepers & non-beekeeping children, all living at the same address | £47.50 |  |
| Social Membership | A non-beekeeping adult | £5.00 |  |
| Junior Membership | a junior (under the age of 18 on 1 October 2015) keeping / handling bees | £15.50 |  |
| School Membership |  | £28.00 |  |
| Bee Disease Insurance | Membership includes insurance for the first three hives: additional fee required for additional hives (see over for more information) | \*Please add amount if more than 3 colonies (see table below) |  |
| 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 |
| **For school bee keeping membership please list the names of a minimum of two partner members** 1. 2.Please complete this form and return it, along with a cheque made payable to the HDBKA to the Membership Secretary, Belinda Black, 9 Greaves Croft, Lepton, Huddersfield HD8 0DNORPay by Bank Transfer to Lloyds Bank. Sort Code: 30-94-43. A/C No: 04334829. **If you are paying by Bank Transfer your completed form can be emailed to** **belindajayneblack@gmail.com****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 |

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 **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 complete all sections of this form and sign it.**

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

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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...........................................................**