

Western Colorado Beekeepers Association

Member Application



Member information

Name	
Street address	
City, State, Zip	
Home phone	
Cell phone	
Primary email	
Secondary email	

Membership type (check which applies)

Individual membership (\$25.00)

Family membership (\$40.00)

Second member name: _____

Type and number of hive(s) (check which applies)

Langstroth Number of hives

Top-Bar Number of hives

Warre Number of hives

Would like to be included on our list of suppliers that sell bee products and/or supplies? If yes, please list below

Western Colorado Beekeepers Association Mission Statement

We exist to provide a forum for education in beekeeping, to provide networking for all members of the bee enthusiast community, to promote beekeeping as a beneficial activity, and to establish and preserve Western Colorado as a beekeeping friendly zone.

Western Colorado Beekeepers Association (WCBA)

Release of Liability

Be it known to any and all who may attend WCBA meetings and/or visit the WCBA bee yard, both members and non-members alike, that they must sign this form and accept all conditions of this release.

Members and/or anyone with known or suspected allergies to insect stings hereby acknowledge that it is your personal responsibility to wear protective gear and have within your immediate possession an EpiPen® during participation in meetings or workshops where live bees are present and/or when entering the club's bee yard.

I, the undersigned, hereby knowingly and willingly affix my signature to this form and acknowledge that I fully understand that attending meetings, working with bees or being present in a bee yard has inherent risks and that I am willing to personally accept these risks. I agree to hold harmless any members, elected officers or other parties named (or not named) herein.

WCBA meetings and/or the WCBA bee yard are with inherent dangers either known/unknown to WCBA. I, the undersigned, fully realize this and fully accept these risks and responsibility for myself and/or guests that may accompany me. I willingly accept these and any other un-delineated risks in the participation in any activities and/or within this environment. I hereby choose to participate knowing that these risks exist and I agree to hold all parties harmless.

I, the undersigned hereby release and direct any of my relatives and/or heirs to hold harmless WBCA elected officers, other members or the general public at large, et al, the property owner(s), from any liability related to my activities as it relates to WCBA.

I, the undersigned fully and totally accept personal responsibility for my actions to, from, and within all activities related to WCBA.

Name (print) _____

Signed _____

Date _____

This form must be on file prior to being permitted to attend WCBA activities.



Membership fees are payable at a meeting. Or, please mail check and this membership application to: Western Colorado Beekeepers Association, P.O. Box 2954, Grand Junction, CO. 81502, payable to WCBA.