

**PENNSYLVANIA APICULTURE INC.
(PENNAPIC)**

Pennsylvania Backyard Beekeepers Association

Membership Application

Annual Fees:

_____ Single.....\$20.00

_____ Family/Couple.....\$25.00

Your memberships entitles you to receive a quarterly newsletter, attend all sponsored PENNAPIC events at membership rates, and all rights and benefits as outlined in the bylaws. All memberships paid in 2010 are good for the entire 2011 year.

_____ \$5.00 **Mailed printed newsletter:** All members are entitled to a newsletter, which will be sent via email. We provide this service to individuals with no email service. The extra fee pays for postage, printing, and associated fees.

\$_____ **With any new association, there are startup costs and one time fees that need to be covered. If you would like to contribute towards these one-time startup fees, beyond your membership fees, your contributions would be greatly appreciated. Thank you!**

**Please write very clearly*

Name(s)_____

Address_____

Tel. _____ County_____

Email_____

*Please take the time to fill out the survey/question form on page two. This information will help plan and focus on events and educational workshops to provide the best opportunities for all the members.

***Make checks payable to: Pennsylvania Apiculture Inc.**

Mail to: PENNAPIC

P.O. Box 141

Lewisberry, Pa. 17339-0141

Membership survey

* Please fill out information as it pertains to you and your bee operation. Leave blank any information you consider private or have concerns divulging. The information will be used in planning and coordinating future events tailored at members desires and interests. We will not share or pass along any information. Thank you.

What type operation do you have? **Check all that apply.**

How did you find out about this organization?

Friend___ Website___ Newspaper___ Other association announcement___ Other___

Number of bee hives <5___ 5-25___ 25-100___ >100___

Years experience <5___ 5-10___ 10-25___ >25___

Have you ever made: Candles___ Lip balm or lotions___ Soaps___ Mead___

What equipment do you use?

Langstroth hives___ Top Bar Hives___ Warre Hives___ Two queen systems___

Screened Bottom boards___ Foundationless comb___ None yet (beginner)___

Do you treat with checkmite/apistan___ api-life/api-life___ powdered sugar___

Formic/oxalic acid___ No treatments___ Essential oils___ Drone comb___ Other___

Why do you keep bees?

Pollinate commercial crops___ Honey production___ Comb Honey___

Pollen trapping___ Backyard pollination___ Pure enjoyment___

Do you sell honey to only friends/Family___ At Market/Store___ Don't have yet___

Do you participate in online bee forums___ Purchase bee industry magazines___

Belong to another bee association? State___ County___ Other___ None___

Ever had a mentor___ Been a mentor___ Need a mentor___ Would be a mentor___

Would you be interested in being on a committee, or help in other programs?___

(Everyone is a volunteer in the backyard beekeepers association. We need members to help in areas such as events/planning, newsletter contributors, educational speaking, etc.)

We are planning a spring workshop series, and would like to hear about your wishes or interests. What workshops would you like to attend?_____

(some options) ***circle those with interest** _____

Queen rearing - splitting/nuc building - Integrated pest management -

swarm/colony collection - lotions/lip balms/cosmetics - soap making - mead making -

sustainable beekeeping - gardening for beekeepers - environmental/nature associated -

Seasonal beekeeping topics - Beginner/basics - open round table discussions - Other???

Comments and suggestions _____

Thank you for taking the time to allow us to serve you better.