## **Application Form Membership | Info For Classes / Certification**

Centre for Ecological Apiculture / Zentrum für wesensgemäße Bienenhaltung z.Hd. DI. Michael Thiele Franzrasen 2 D-37242 Bad Sooden/Germany

Please complete application form, print it out and send to adress mentioned above or via Fax: +49 (0) 32223740527
Become A Member Now!
*Fields marked with asterisk are mandatory. They have to be filled for further processing of your request.
[ ] Yes, I want to become an official member of Save Bee Colonies / Natural Apitherapy Council / Club of Ecological Beekeepers. In this way I support research of the Centre for Ecologica Apiculture and Centre for Natural Apitherapy. On top of that I can get more info about certification/courses / classes and Michael Thiele bee therapy. I certify that I'm telling nothing but the truth and complete the entire form correctly. Admission and registration fee is 699 € - I require the following membership type:  [ ] 69 € individual rate p.a.for single persons, small scale beekeepers [ ] 269 € individual rate p.a. for professional beekeepers, medical doctors, naturopathic doctors [ ] 1.200 € organizational rate p.a. for organisations, associations, galeries, fairs [ ] 4.999 € p.a. institutional rate for hospitals, Centres for Onkology, Rheumatology etc.
<ul> <li>Yes, as a member I am interested in the following classes / courses. Please send more info.</li> <li>Courses / Classes in ecological topbar beekeeping for beekeepers, gardeners, farmers</li> <li>Courses / Classes in bee therapy for medical doctors, naturopathic doctors, apitherapists</li> <li>Courses for CEO's / manager, politicians</li> <li>Courses for scientists, philosophers</li> <li>Courses for artists, designer, architects</li> </ul>
<ul> <li>Yes, as a member I am interested in certification. Please send more info.</li> <li>Certification for organic und bio-dynamic beekeepers</li> <li>Certification for medical doctors, naturopathic doctors, hospitals, Centres for Oncology</li> <li>Certification for Food Safety Agencies</li> </ul>
Payment [ ] I'll pay in advance by bank payment [ ] I'll pay directly in advance [ ] I'll pay by debit. (within Europe incl. Switzerland and England) Here is my bank connection:
IBAN - BIC
Bankinstitute
Surname*, first name*, title: *
Time* and place of birth* / Religion*:
Postal address:*, street*, country*, zip-code*, city: *
E-Mail*, Tel.*, Fax:
Questions / notes / place* / date* / signature*