

Application Form Membership | Info For Classes / Certification

Please complete application form, print it out and send via e-mail:

contact@thiele-und-thiele-consult.de

to the Centre for Ecological Apiculture | Natural Apitherapy Research Centre

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 Ecological 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, galleries, fairs

4.999 € p.a. institutional rate for hospitals, Centres for Onkology, Rheumatology etc.

Yes, as a member I am interested in the following classes / courses. Please send more info.

Courses / Classes in ecological topbar beekeeping for beekeepers, gardeners, farmers

Courses / Classes in Michael Thiele bee therapy for medical doctors, naturopathic doctors, apitherapists

Courses for CEO's / manager, politicians

Courses for scientists, philosophers

Courses for artists, designer, architects

Yes, as a member I am interested in certification. Please send more info.

Certification for organic und bio-dynamic beekeepers

Certification for medical doctors, naturopathic doctors, hospitals, Centres for Oncology

Certification for Food Safety Agencies

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*