

Application Form Membership | Registration for Distance courses

Please complete form, print it out, and send via post, fax or e-mail to:

Zentrum für wesensgemäße Bienenhaltung / Centre for ecological Apiculture
Franzrasen 2
D-37242 Bad Sooden

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 registration.

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| <input type="checkbox"/> 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 you are going to receive 50 % discount on distance courses. Registration fee is 699 €. I require the following membership type: |
| <input type="checkbox"/> 69 € individual rate p.a. for single persons, small scale beekeepers |
| <input type="checkbox"/> 269 € individual rate p.a. for professional beekeepers, medical doctors, naturopathic doctors |
| <input type="checkbox"/> 1.200 € organizational rate p.a. for organisations, associations |

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| <input type="checkbox"/> Yes, as a member I want to register for the following distance courses. |
| <input type="checkbox"/> No. 19 title: Ecological Topbar Beekeeping tuitionfee 450 € |
| <input type="checkbox"/> No. _____ title _____ tuitionfee _____ € |
| <input type="checkbox"/> No. _____ title _____ tuitionfee _____ € |
| <input type="checkbox"/> No. _____ title _____ tuitionfee _____ € |

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| <input type="checkbox"/> Yes, I want to register for the following distance courses without membership. |
| <input type="checkbox"/> No. 19 title: Ecological Topbar Beekeeping tuitionfee 900 € |
| <input type="checkbox"/> No. _____ title _____ tuitionfee _____ € |
| <input type="checkbox"/> No. _____ title _____ tuitionfee _____ € |

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: *, Organisation *, hospital *

Time* and place of birth* / Religion*:

Postal address*: , street*, country*, zip-code*, city: *

E-Mail*, Tel. *, Fax:

Questions / notes / place* / date* / signature*