

AFB Recognition Course and Competency Test Application Form

PLEASE RETURN BY 5th NOVEMBER 2008

TO Course Co-ordinator

Linda Bray

Braesby Farm

R.D. 1 Ashburton 7771

Ph/Fax 03 308 4964

Name (First + Last).....

Beekeeper Registration Number.....

Mailing Address:

.....

.....

Physical Address.....

.....

.....

Work Phone..... **Home Phone**.....

Work Fax

Home Fax

Saturday 22nd November 2008 at 1pm

At St Johns Rooms, 241 Tancred Street, ASHBURTON

(On East Street, turn towards the coast at fountain (CBS Bank Cnr)
this is Tancred St, through Cass St intersection. left hand side opp Square.)

ROGER BRAY ...(Proctor)

I have / have not previously been a candidate. (If “have”, please provide details of trainer

Trainer Name:.....

COST for AFB Course and Test : **NBA Members** **\$30 (includes Test fee)**

Non-members **\$50 (includes Test fee)**

Test Only - Beginning at 4pm **\$30 (includes Test fee)**

If required we will have available for pick up on the day ...

Varroa Revised Manual **\$25**

Please enclose payment \$.....

(Cheques made out to : **Canterbury Branch of National Beekeepers Association**)

Signature.....