

APPENDIX 1

MALTESE BEEKEEPERS ASSOCIATION



Application for membership in the Malta Beekeepers' Association

I _____, I.D. No . _____ Tel . _____ Mob. _____

Address _____

Wish to join as a member of the Malta Beekeepers' Association.

Date. _____ Signature . _____

APPENDIX 2

This card must disclose it to Council officials when requested.

As a member you are obliged to comply with any content regulation in the statute as amended from time to time.

Member No. _____ Name . _____ I.D. _____

Address. _____

Tel . _____

President

Secretary