**Albuquerque Certified Beekeeper Apprentice Program**

**Application**

*Deadline for accepting applications* *is February 12, 2016*

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| Name | e-mail |
| Street Address: |  Apt. No. |
| City | State Zip |
| Phone: ( ) | Cell: ( ) |

Current Beekeeping Experience: □ None □ 3 years or less □ More than 3 years

Number of hives: \_\_\_\_\_\_\_\_\_\_\_ □ Top bar □ Langstroth □ Both

I have access to a hive to use during the Certified Beekeeper Apprentice program. □ Yes □ No

I am interested in additional mentoring through ABQ Beeks. □ Yes □ No

I am interesting in participating in the Albuquerque Certified Beekeeper program to:

□ Develop beekeeping skills □ Volunteer □ Mentor/Teach □ Other (please explain)

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Current status: □ Student □ Work full time □ Work part time □ Retired

 □ Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that submission of this application does not constitute automatic enrollment in the Certified Beekeeper Apprentice Program. Once accepted into the program, I understand that I must pay the nonrefundable $250 fee (for Year 1) before participating in the program. I understand that, to be a Certified Beekeeper, I must commit 40 hours of volunteer work before the end of program year 2. This application is for year 1 of the 2-year program. Students who satisfy all requirements of year 1 classes will be granted enrollment for year 2, which will include a separate $250 fee.

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Signature of applicant Date

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Signature/relationship of responsible adult for applicant under 18 years of age Date

***Do not send enrollment fee with this application.***

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| Send completed application to this address:Christina Allday-Bondy, Certified BeekeepersProgram, 25 Wildlife Tr, Edgewood, NM 87015 | For more information:http://www.nmbeekeepers.orgchristina.allday-bondy[[1]](#footnote-1)@gmail.com |

**Class dates: April 2 & 23, May 21, June 4 & 25, July 16, August 6**

**Enrollment fee includes 2016 membership in the New Mexico Beekeepers Association**

**Office Use Only**

□ Notified of enrollment status: / /2016 □ Nonrefundable fee received: / /201\_

□ Mentor name and contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ Other pertinent information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /201\_

1. [↑](#footnote-ref-1)