Westport Beekeepers Association

<u>Please note the following FIBKA policy:</u> ***To receive your January issue of*** **An Beachaire and be covered by insurance in January,** ***you must have paid before the end of December. Subsequent to this, delivery of An Beachaire and start of insurance coverage commences two months after membership payment. If you pay in January, you will receive the journal and insurance coverage commencing in March.***

So, to continue to receive *An Beachaire* <u>and</u> be insured without interruption, please complete your membership form as early as possible and either:

Post it to: The Secretary
Westport Beekeeper's Association
Port Aleria
Rosnakilly, Kilmeena
Westport, Mayo
F28H393

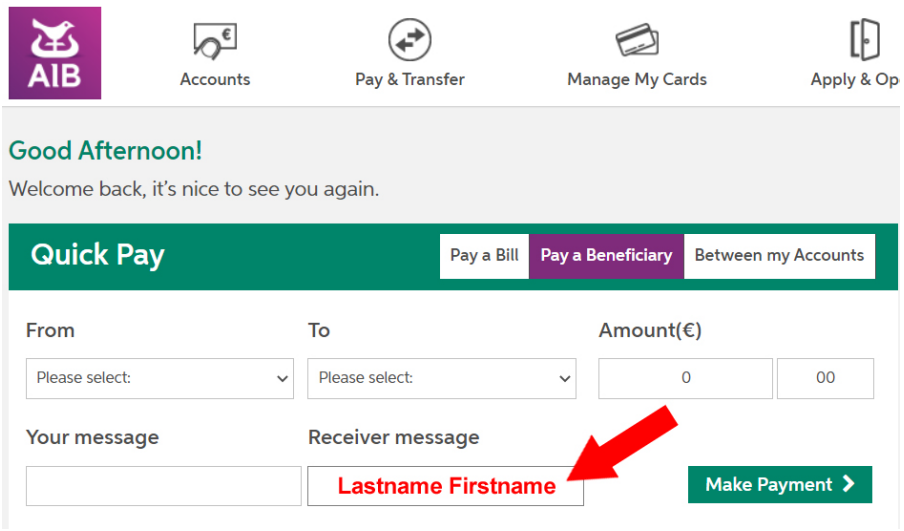
Or email it to: SecretaryWBKA@gmail.com

If paying with a cheque or postal money order, post this along with your membership form to the Secretary at the above address.

Payment can also be made via EFT to IBAN:

IE14WECI99217311561401

Please ensure that you put your name (Lastname Firstname) in the Receiver message/Reference field:



Thank you

Alex Blackwell

Interim Secretary Westport Beekeepers Association
SecretaryWBKA@gmail.com
http://www.WBKC.info

Westport Beekeepers Association, WBKA

2027

Contact: Secretary email: secretarywbka@gmail.com

PLEASE COMPLETE IN CAPITAL LETTERS

Membership Application to Westport Beekeepers Association for Year Commencing 1st January 2027

Name: _____ **Address:** _____

_____

County: _____ **Eircode:** _____ **Phone:** _____

Email: _____

Date of birth if under 18 on January 1, 2027: ____/ ____/ _____
Email and phone no. not required if under 18

Please tick category of Membership chosen:

☐ **Beginner Course: Cost to be determined (This will be in addition to your membership)**

☐ ***Full Membership: €80**

☐ ****Additional Family Membership: €40 .... Addl member Name:** _____

Phone _____ **email** _____

☐ *****Associate Membership: €30 ... I am a member of** _____

Payment method: ☐ **Cash/cheque** ☐ **EFT** ☐ **Deposit at Credit Union**

☐ **I agree to take an active role in the club where that is possible. That includes attending meetings, assisting with the club apiary, and taking on club and committee roles.**

***Full Membership:** Includes €60 FIBKA capitation fee which covers, in accordance with the Constitution: affiliation to FIBKA; monthly magazine "An Beachaire" (including online access to back issues); third party insurance for your beekeeping activities; eligibility to participate in FIBKA education and certified examination programme; eligibility to be a voting delegate at the FIBKA Annual Congress if so nominated by WBKA; eligibility to stand for election to the FIBKA Executive Council if nominated by at least one Association.
****Additional Family Membership:** includes €30 FIBKA capitation fee which covers all entitlements afforded to Full Members, with the exception of a separate copy of An Beachaire. It is intended for those residing at the same address as the Full Member.
*****Associate Membership**: no FIBKA capitation fee. Intended to accommodate people who wish to be members of more than one Association. To avail of this membership, you must have Full or Additional Family Membership in another affiliated Association, to be verified by FIBKA Membership Secretary.

Note that affiliation entitlements (including insurance) commence only after notification of your membership payment to FIBKA Membership Secretary by the Secretary of Westport Beekeepers Association.

Use of your personal data:
By completing this form and paying your membership fee, you are agreeing to join Westport Beekeepers Association, which is affiliated to the Federation of Irish Beekeepers Associations (FIBKA). For purposes of Data Protection Acts and Regulations, this Association and FIBKA fulfil the roles of Joint Data Controllers.

Please indicate your agreement or non-agreement to use of your personal data in Sections 1 to 3 below
Please answer all 3 questions

1. Your Name, Address, and Eircode will be forwarded to the FIBKA Membership Secretary for the purposes of recording your affiliated membership and verifying to the insurance provider your entitlement to cover in the event of a claim against you.
   I agree: Yes ☐ **No** ☐ **Please mark relevant answer**

2. FIBKA Membership Secretary will share your Name, Address and Eircode with FIBKA Manager of An Beachaire for the purposes of arranging delivery of your magazine. Circulation of An Beachaire and other materials will be arranged by the Manager via a printer and mailing fulfilment company or data management company to whom your details will be forwarded for that purpose. Any such company will be required to sign a non-disclosure agreement limiting use of your data for the specified purpose only.
   I agree: Yes ☐ **No** ☐ **Please mark relevant answer**

Please turn over and complete page 2

3. From time to time, the FIBKA Executive Council may arrange for circulation of Census, Survey, or other materials to affiliated members. Such materials will be limited to items directly related to the legitimate business of FIBKA in accordance with the Constitution and will not include direct marketing material.

   Circulation of such materials will be arranged via a printer and mailing fulfilment company or a data management company to whom your name, address and Eircode will be forwarded for that purpose. Any such company will be required to sign a non-disclosure agreement limiting use of your data for the specified purpose only.

   I agree: Yes ☐ **No** ☐ **Please mark relevant answer**

Note that it is impossible for FIBKA to provide membership services in relation to insurance and An Beachaire in the event that you mark "No" to 1 and 2 above. Marking "No" to 3 above will not restrict the provision of membership services in relation to insurance and postage of An Beachaire issues.

Email address and phone no. will be used to make contact with, and update members of WBKA with beekeeping and club matters and will be held for a period of at least 10 years. **Email and phone number are not shared with FIBKA**.

Apart from the above stated purposes, your personal details will not be used or shared with any other party, except in circumstances where WBKA or FIBKA is compelled to do so by the laws of the State.

Storage and Retention of your personal data:
All reasonable security measures will be taken to ensure that your personal data will be stored by WBKA and by FIBKA in a manner designed to maintain privacy and confidentiality, and to prevent unauthorised access, alteration or deletion. FIBKA Membership Secretary and Manager of An Beachaire will store your personal data in paper records and in electronic form on encrypted computers. WBKA will store your personal data both in paper and electronic form.

Your personal data will be retained by WBKA for 10 years and by FIBKA for a period of at least 10 years, after which it will be destroyed in a manner consistent with best practice at the time. 10 years is the minimum retention period required under current best practice guidelines, because membership details form part of the financial records of WBKA and of FIBKA. It might be necessary for FIBKA Membership Secretary to keep membership details for a period in excess of 10 years where the statute of limitations on third party insurance claims exceeds that period. This requirement will be reviewed periodically and amended as appropriate.

Your rights in relation to personal data held by WBKA and by FIBKA:
You are entitled to receive a copy of your personal data on written application to the Secretary of WBKA and/or to FIBKA Membership Secretary, and to have any inaccuracies or deficiencies in your data corrected.

You can withdraw your consent to the holding or processing of your personal data at any time, on the understanding that deletion of your data will mean that WBKA and FIBKA will no longer be able to deliver member services / entitlements to you.

If you feel that your rights in relation to your personal data have been compromised, you are entitled to seek clarification and/or make a complaint to the Office of the Data Protection Commissioner www.dataprotection.ie

Signed: _____ Date: ____/____/_____

Payment can be made to WBKA at Westport Credit Union: **IBAN: IE14WECI99217311561401**

PLEASE ENSURE TO PUT YOUR LAST NAME AND FIRST NAME AS REFERENCE

THANK YOU