

Application Form Membership | Info For Classes / Certification

Centre for Ecological Apiculture / Zentrum für wesensgemäße Bienenhaltung
z.Hd. DI. Michael Thiele
Franzrasen 2
D-37242 Bad Sooden/Germany

Please complete application form, print it out and send to adress mentioned above 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 request.

Yes, I want to help the bees with my membership(Save Bee Colonies / Natural Apitherapy Council / Club of Ecological Beekeepers)

Yes, I want to help arts and philosophy with my membership (Academy of Arts and Philosophy)

In this way I support research of the Centre for Ecological Apiculture, Centre for Natural Apitherapy and Academy of Arts and Philosophy. On top of that I can get more info about certification/ courses / classes and bee therapy. I certify that I'm telling nothing but the truth and complete the entire form correctly. Admission and registration fee is 699 €. This includes an appointment free of charge. I require the following membership type:

69 € individual rate p.a.for single persons

269 € individual rate p.a. for professional beekeepers, medical doctors, naturopathic doctors

1.200 € organizational rate p.a. for organisations, associations, galleries, fairs

4.999 € p.a. institutional rate for hospitals, centres for onkology, rheumatology, universities

Yes, as a member I am interested in the following classes / courses. Please send more info.

Courses / Classes in ecological topbar beekeeping for beekeepers, gardeners, farmers

Courses / Classes in Michael Thiele bee therapy for medical doctors, naturopathic doctors, apitherapists

Courses for CEO's / manager, scientists, philosophers

Courses for artists, designer, architects

Yes, as a member I am interested in certification. Please send more info.

Certification for organic und bio-dynamic beekeepers

Certification for medical doctors, naturopathic doctors, hospitals, Centres for Oncology

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*