

Mid-Columbia Beekeepers Association

2017 Swarm List Questionnaire

Participation on the swarm list is only open to MCBA members who have paid their dues for the current calendar year.

Your name will be provided to the Swarm Coordinator(s), who will attempt to fill each request based on availability on a rotating basis.

Name: _____
First and Last

Contact phone #1: _____ (Required)

Contact phone #2: _____

Email: _____
Please print clearly.

Please list me to collect swarms in the following areas:

(Only mark areas, you are willing to get to within a short period of time)

- | | |
|--|--|
| <input type="checkbox"/> Benton County | <input type="checkbox"/> Franklin County |
| <input type="checkbox"/> Kennewick | <input type="checkbox"/> Pasco |
| <input type="checkbox"/> Richland | |

Please list the equipment you have to safely and humanely remove and relocate honey bee swarms, such as ladders, bee vacuum, protective clothing, smoker, boxes, etc.):

Availability:

- | | |
|--|--|
| <input type="checkbox"/> Any Time, any day | <input type="checkbox"/> Days only |
| <input type="checkbox"/> Evenings only | <input type="checkbox"/> Weekends only |
| <input type="checkbox"/> Evenings and Weekends | |

I would be willing to take a new beekeeper (s) on swarm calls, so they can share the experience.

- Yes
 No

Swarm Participation Agreement Submit

By submitting this application I agree to the following:

1. I will respond to swarm calls in a timely manner. If I cannot handle a specific call, I will refer the caller to the swarm list.
2. I will always treat the bees in a humane fashion. Swarm retrieval is about saving the bees. I will not spray them with insecticides.
3. I will make every reasonable effort to retrieve the entire colony. I understand this may mean leaving the swarm box until sundown and returning to collect it once the foragers and scouts have an opportunity to return to their colony.
4. I attest that I have the necessary skills and equipment to safely and humanely extract swarms and install in their new location.

Signature: _____ Date: _____
Print and Sign

Submit form to info@tricitybees.org