



Monthly Apiary Newsletter

March 2017

Presentation:

March 13th, 7:00pm, at the Defiance Extension Office.
Abby Levitt, Ph.D Assistant Professor of Biology, Doctor of Philosophy in Genetics & Bachelor of Science in Biology Pennsylvania State University. Doctor Levitt will be talking about varroa destructor & associated diseases. The importance of monthly monitoring, diseases (deformed wing virus) and how it spreads from colony to colony. There will be hand-outs of “Tools for Varroa Management” a guide to effective varroa sampling & control. If you want to become a better beekeeper, don’t miss this class!

Honey Bee Health Coalition:

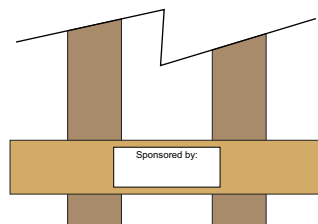
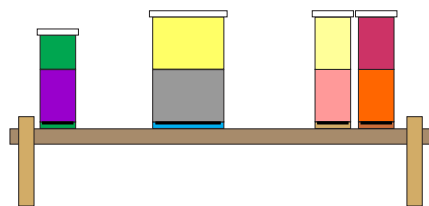
Is a collaboration of beekeepers, growers, researchers, government agencies, etc. that work together to improve the health of honey bees in general and specifically around production agriculture. This is a great website for information, pdf, and training videos that will help with a better understanding of varroa management, hive management & bee nutrition. Visit: <https://honeybeehealthcoalition.org/>

Spring Feeding:

Right now is a perfect time to place 1:1 sugar water feeder above the inner cover. This will stimulate brood rearing and Spring build-up. You can also use some Honey-B-Healthy in the sugar/water solution. Remember it not rocket science, 1 cup of water to 1 cup of cane sugar, mix till dissolved, warm water works best. Use mason jar with very small nail to puncture 6 to 8 holes in the lid. Invert to make sure it pulls a vacuum and place directly over the inner cover hole or slot. You could also place pollen patty above the top bars that helps, if the weather should be bad enough that they can not forage.

BSBA Pollinator Sanctuary & Training Facility:

We have sponsorships for hive stands with a plaque for \$65.00 each, 20 of the 24 hive stands are still available.



Black Swamp Beekeepers Association Club Registration 2018:

Membership dues are due by/on March meeting. Individual registration is \$20 per year, family registration is \$25 per year. See Membership Application & Waiver of Liability form on Pg 2 & 3.

Useful Tool:

AccuWeather - <http://www.accuweather.com> Daily, weekly, monthly weather forecast website. Very simple to use by entering your zip code. It has weather now, weekend, extended, monthly, instant radar, and minute cast which can help you by making informed decisions. Internal Spring feeding of pollen patties, sugar or fondant can help when the weather is too cold, wet, windy to fly. Use this monthly page to see the seasonal trends and warm up. It is a very useful tool, but remember, weather forecasting is the only job you can get wrong on a daily basis and not get fired.

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Calendar of Events

Advanced Internship
Defiance Extension Office
March 10th @ 8:30am

Daylight Saving Time
Turn 1 hour ahead
March 11th @ 12:00am

BSBA Meeting
Defiance Extension Office
March 13th @ 7:00pm

Beginning Internship
Defiance Extension Office
March 24th @ 8:30am

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Defiance Extension Office
March 24th @ 8:30am

f Black Swamp Beekeepers Association
blackswampbeekeepersassoc@gmail.com
blackswampbeekeepersassociation.bz



BSBA

Membership Application

Black Swamp Beekeepers Association

Individual membership cost is \$20.00 for any part of the membership year from January 1st through the end of December. Family memberships are \$25.00, annually. Spouse/partners with children/stepchildren will be considered a family unit. A lifetime membership can be made in a one-time payment of \$250.00. Please make checks payable to Black Swamp Beekeepers Association (BSBA) and return to Treasurer or a standing Board Member.

Each household member who wishes to be registered as an BSBA member must complete and submit a separate, signed form. A Waiver form must also be signed by each household member – see the next page

PLEASE PRINT

Date:	New Membership <input type="checkbox"/>	Renewal <input type="checkbox"/>	Are you a member of Ohio State Beekeepers Assoc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:		Are you an additional family member residing at the same address?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Write Primary Member's name here.			
Address/City/State/Zip:					
Telephone Numbers (Include area codes)		Which is your primary #		Email:	
Home Telephone #		Home <input type="checkbox"/>			
Cell Number#		Cell <input type="checkbox"/>			
Occupation (Optional)			Years Beekeeping:	# of colonies	
Level of Expertise:	Would you like to/do you want to/have:				
Novice <input type="checkbox"/>	Be a mentor?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hobbyist <input type="checkbox"/>	Receive email updates?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sideliner <input type="checkbox"/>	Publish your name & contact info in BSBA directory?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Commercial <input type="checkbox"/>	Help with group events at the community apiary?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Give contact info to people who want to buy your product?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Become a committee member or volunteer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Have honey to sell?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How many pounds of honey did your colonies make last year? (1 gallon = 12 #)		What was your percent of colony survival from last season?		What is the name on your honey label?	
What is your company website or FaceBook?		Company Email?		Would you like to post any bee products or services on our BSBA Face Book / Newsletter?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Products for Sale:					
Services offered:					
Swarm collection	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Wax, propolis, pollen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Colony removal/cut outs	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Sell nucs, queens	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any other services that you could offer to BSBA? (i.e. technology, printing services, marketing, merchandise, legal services, accounting/insurance, craft/art, raw material, etc.)					
Other Comments or member benefits you consider important					

Black Swamp Beekeepers Association Liability Waiver

To cover the issues of possible injury while participating in Black Swamp Beekeepers Association, the undersigned acknowledges and agrees that

There is a potential risk of injury from activities involved in beekeeping, and while particular rules, equipment and personal care may reduce the risk, the risk of injury does exist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for my participation. If, however, I observe an unusual significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the nearest official immediately; and, For myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS Defiance County, Defiance County Commissioners, Black Swamp Beekeepers Association, their officers, other participants, and if applicable, owners used to conduct the class ("RELEASE"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property. TO THE FULLEST EXTENT OF THE LAW, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

PRINTED NAME: _____

DATE: _____ SIGNED: _____

FOR PARTICIPANTS MINORITY AGE (UNDER AGE 18)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any all the liabilities incident to minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

CHILD'S NAME: _____

PARENT/GUARDIAN PRINTED NAME: _____

DATE: _____ SIGNED: _____

EMERGENCY PHONE NUMBER: _____