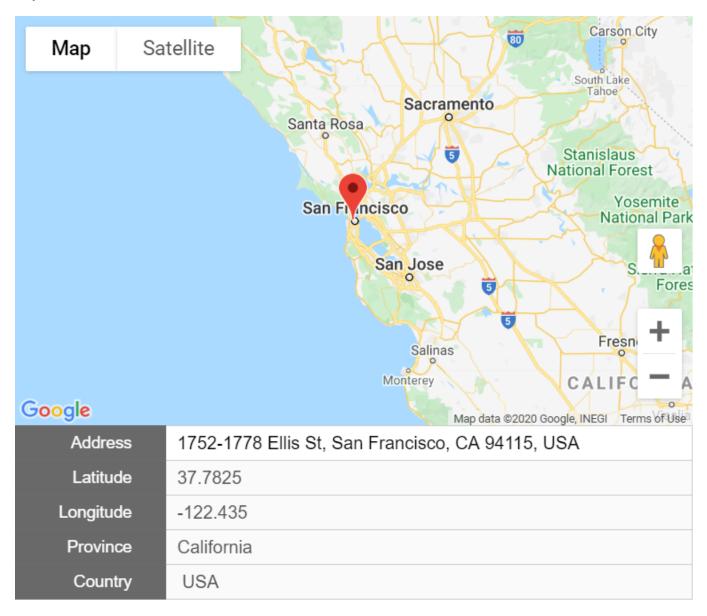


# BFF Garden Application About You

| Your Name *                              |  |  |  |
|--|--|--|--|
| First Name Last Name                     |  |  |  |
| Organization or Garden Name *            |  |  |  |
|  |  |  |  |
| Email *                                  |  |  |  |
| example@example.com                      |  |  |  |
| Phone Number *                           |  |  |  |
| Area Code Phone Number                   |  |  |  |
| Are you certifying as a home gardener? * |  |  |  |
| Home Gardener                            |  |  |  |
|  |  |  |  |
| Do you keep bees? *                      |  |  |  |
| Yes                                      |  |  |  |
| No                                       |  |  |  |
| How many hives do you keep? *            |  |  |  |

#### Total Property Acreage \*

#### Physical Address \*



#### **Tips For Entering Your Address**

- Begin typing your address in the Address field. This should start giving address options in a dropdown.
- Select your address once it is an available choice. This will automatically populate the Latitude, Longitude, Province, and Country fields.
- These fields will only populate once an address is selected from the dropdown. Typing out the full address will not fill in these fields.
- If there is no address dropdown or locator map, please try using a different browser and selecting the option to allow access to your location when prompted by the form.

The BFF Team will only use your address for locating your site on the map, your information will not be shared.

| Mailing Address *                                      |   |  |  |
|--|---|--|--|
| Street Address   |   |  |  |
| Street Address Line 2                                  |   |  |  |
| City   | State / Province                                  |  |  |
| Postal / Zip Code                                      |   |  |  |
| Bee Forage and Habitat                                 |   |  |  |
| Does your property have                                | re flowering plants and habitat areas for bees? * |  |  |
| Yes  |   |  |  |
| No   |   |  |  |
| Forage Plants Provided                                 |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| Seasons of Blooming E                                  | See Forage *                                      |  |  |
| Spring (March-May)                                     |   |  |  |
| Summer (June-Augu                                      |   |  |  |
| Fall (September-Nov                                    |   |  |  |
| Winter (December-F                                     | ebruary)  |  |  |
| Does your property have a clean water source for bees? |   |  |  |
| Yes  |   |  |  |
| No   |   |  |  |

| River   |                          |
|---|--------------------------|
| Pond  |                          |
| Rain water collection   |                          |
| Garden water features   |                          |
|   |                          |
|   |                          |
| Does your property have nesting habitat for bees? *   |                          |
| Yes   |                          |
| No  |                          |
| Nesting Area *  |                          |
| Undisturbed ground (including bare soil, small cut  |                          |
| banks, and sand piles)  | Dead trees/snags         |
|   | ALCO I COLO              |
| Permanent woody plants  | Native bee nesting boxes |
| Permanent woody plants  Managed Bee Hives   | Native bee nesting boxes |
|   | Native bee nesting boxes |
|   | Native bee nesting boxes |
| Managed Bee Hives   | Native bee nesting boxes |
| Managed Bee Hives   | Native bee nesting boxes |
| Managed Bee Hives   | Native bee nesting boxes |
| Managed Bee Hives  Square Feet of Habitat *   | Native bee nesting boxes |
| Managed Bee Hives  Square Feet of Habitat *  Pest Management  | Native bee nesting boxes |
| Managed Bee Hives  Square Feet of Habitat *  Pest Management  Do you conduct regular hive inspections? *      | Native bee nesting boxes |
| Managed Bee Hives  Square Feet of Habitat *  Pest Management  Do you conduct regular hive inspections? *  Yes | Native bee nesting boxes |

**Water Source** 

#### How do you treat for pests? \*

Apiguard ApilifeVar Apistan Apivar

Break Brood Cycle CheckMite+
Drone Comb Removal Formic Acid
Formic Pro Hop Guard
Mite Away Quick Strips Oxalic Acid

**Powdered Sugar** 

### Do you follow the label for all pesticides used? \*

Yes

No

## **Confirmation and Payment**

I confirm that the information given on this form is, to the best of my knowledge and belief, true and accurate. I understand that if I have given misleading information on this form, this will be sufficient grounds for terminating my certification. I consent to the automatically recurring, yearly payment of \$20 to renew my certification, and acknowledge cancelling this payment will constitute ground for terminating my certification. As a home gardener, I will not use the BFF logo. \*

I have read and agreed to the above declaration.

I consent to sharing my contact information with Pollinator Partnership via this form submission and understand that neither my contact information or my data will be shared. \*

I have read and agreed to the above declaration.



#### **BFF GARDEN Yearly Fee**

This membership payment will also be automatically charged every year from the date that this form is submitted.

\$20.00 for the first year then,\$20.00 for each year



| Enter coupon      |       |
|-------------------|-------|
| Enter Coupon Code | Apply |