



**BEEKEEPERS
ALLIANCE**

**Illiana Beekeepers Alliance
Mentor Program Application**

Name _____

Phone _____

Your location((City) _____

Hive location (City, State)

Facebook ID

Quiz 12. _____

1. _____ 13. _____

2. _____ 14. _____

3. _____ 15. _____

4. _____ 16. _____

5. _____ 17. _____

6. _____ 18. _____

7. _____ 19. _____

8. _____ 20. _____

9. _____ 21. _____

10. _____ 22. _____

11. _____ 23. _____

I have read and understand the IBA MENTOR GROUP
GUIDELINES.

Signature _____ Date _____

scan or take a clear photo, send to: goIBA@yahoo.com