

NORTHERN ILLINOIS BEEKEEPERS ASSOCIATION

2024 APPLICATION FOR MEMBERSHIP

Affiliated with the Illinois State Beekeepers Association (ISBA)

| Check one: | Renewal Individua | l Membership - \$20 | 0 | Renewal Family Membership - \$30 |
|--|---|---|---------------------------------------|---|
| Check one: | NEW Individual Me | embership - \$25 | 0 | NEW Family Membership - \$35 |
| (Includes Single N | Membership in the Illinois | State Beekeepers As | sociation | , additional ISBA memberships, \$10 each |
| If applying af | ter February 29, 20 | 24 and you are | a <u>renew</u> | ring member, please add \$5.00. |
| Name(s): | | | | |
| Address: | | | | |
| City: | | State: | | Zip: |
| Phone: | | | | |
| Email address | (if family membership | p, include all emai | ls. News | sletter will be sent to all emails): |
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| Name tag Name tag Please tell us mor I have been a NIB | s postage). (s) should read as follow e about yourself: A Member since | vs (please print clear | l y): | have colonies/hives this season |
| Name tag Name tag Please tell us mor I have been a NIB. I have been a bee Check all that app | s postage). (s) should read as follow e about yourself: A Member since keeper for about | vs (please print clear (year) years | l y): I plan to I am a M | have colonies/hives this season |