



## LAKE COUNTY BEEKEEPERS ASSOCIATION (LCBA)

2024 MEMBERSHIP FORM (JANUARY 1 – DECEMBER 31)

2024 DUES: \$30 PER MEMBER

RENEWAL MEMBERSHIP     NEW MEMBERSHIP

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
E-MAIL

Preferred Method of contact:  PHONE     E-MAIL

The Membership Directory will contain: Your Name, City, County, State, and e-mail.

I DO NOT want my information to be included in the Membership Directory

Mail membership form and check to:

Lake County Beekeepers Association (LCBA)  
PO Box 195  
Grayslake, IL 60030

Your LCBA membership dues includes the \$10.00 annual membership dues paid to the Illinois State Beekeepers Association (ISBA). **You will also receive a card for a FREE 12-month subscription to the American Bee Journal when you join or renew your 2024 LCBA membership. This is a \$32 value being paid for by LCBA.**

[lakecountybeekeepers.org](http://lakecountybeekeepers.org)

[lake-county-beekeepers@googlegroups.com](mailto:lake-county-beekeepers@googlegroups.com)

ABJ card given to member.  
Card Number: \_\_\_\_\_