Date Rec_____ Amount_____
Check # _____ Cash _____
Entered _____ Member #_____
Office Use only

Northern Illinois Beekeepers Association - (NIBA)
2019 Application for Membership
Affiliated with the Illinois State Beekeepers Association (ISBA)

Check One: ☐ Renewal Membership ☐ New Membership

Check One: ☐ Individual Membership - $20 ☐ Family membership - $30

Please add $5.00 after February 28, 2019 for renewal membership
(Includes Single Membership in the Illinois State Beekeepers Association
Additional ISBA memberships, $10 each)

The NIBA membership expires December 31

Name(s):

Address:

City: State: Zip: Phone:

Email (if family membership, include all emails. Newsletter will be sent to all emails):

Add $5.00 for handling if you would like a paper copy of the newsletter mailed.

☐ I would like to order a NIBA name tag(s) $10 each.

Name tag(s) should read:

Please Complete The Following:

I have been a NIBA Member since (year). I plan to have colonies/hives this season.

I have been a Beekeeper for about years.

Check all that apply: ☐ I sell Honey ☐ Willing to Coach/Mentor ☐ Swarm Catcher
☐ Willing to remove Bees from buildings

Personal Skills I Would Be Willing to Donate to NIBA (i.e. Beekeeping Experience, Accounting, Webmaster, Event Planning, Community Education, Carpentry, Legal, Business Management, Retail Knowledge, Any Other, etc.)

Skills:

Print and complete this form. Mail it with a check payable to Northern Illinois Beekeepers Association to:
NIBA Membership, c/o Ralph Brindise, 517 Northlake Road, Lakemoor, IL 60051