

Fox Valley Beekeepers Association



MEMBERSHIP FORM

DATE: ___/___/_____

NAME: LAST _____ FIRST: _____

Spouse: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Home Phone: _____

Cell phone: _____

E-mail: _____

We do not share or sell your email or other personal information. We use the email for sending club notices and other club related business.

Business Name: _____

Dues for one year (Jan 1 - Dec 31): \$30.00 (Your membership includes \$10.00 for membership to the Illinois State Beekeepers Association) Payment after Oct 1st will be carried over to the following year.

Please print out this form, complete it and bring it to the next meeting with your dues.

or mail your check, payable to the Fox Valley Beekeepers Association (FVBA) and this completed form to:

FVBA - Kurt Tenhaken

P.O. Box 15

Elburn, IL. 60119

ph. 630-423-6245

All applications must be reviewed and approved by the board of directors before members are added to the roster.

Name: _____

Fox Valley Beekeepers Association Membership Application

All members are asked to participate in the association so that benefits, talents and responsibilities are shared by all. Please indicate how you would be willing to assist your club.

- | | |
|---|--|
| <input type="checkbox"/> Web design | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Committee member | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Education | <input type="checkbox"/> Illinois State fair |
| <input type="checkbox"/> Media/Public relations | <input type="checkbox"/> Leadership/Officer |
| <input type="checkbox"/> Historian | <input type="checkbox"/> Other: _____ |

Please tell us more about yourself:

How did you hear about the Fox Valley Beekeepers Association?

Do you currently have bees? Yes No

If yes, how many years of experience do you have? _____

How many hives do you have? _____

What topics would you be interested in learning about?:

Any other information you would like to share?:

Sign up form FVBA - Member to Member contact list

This information will appear on the Member to Member list

First and Last name: _____

Additional name:(Optional)_____

Your Address (Optional)_____

Your Secondary Address (Optional)_____

Your town_____

Your telephone number (10 digit) (Optional)_____

Your secondary telephone number (Optional)_____

Your Email Address _____

Your Secondary Email Address _____

Any information you would like to share; years of beekeeping, teach beekeeping, etc.

FVBA Member to Member privacy policy: A Member to Member list is available so that members may contact each other directly. To be added to this member list you must provide the information you would like included. This is an "opt in" list, meaning that you will not be on the list unless you fill out this form. This list is intended to be shared only among those on the list.

The Fox Valley Beekeepers Association is not responsible for information released on the Member to Member list.

I have read and accept the FVBA Member to Member privacy policy.

Your signature: _____

Thank you for becoming a member of the Fox Valley Beekeepers Association