



Cook DuPage Beekeepers Association 2012 Membership Form

Date: ____ / ____ / ____

Please check one: ___Renewal ___New ___Address change

OPTIONAL: Number of years as a CDBA Member _____ Number of Hives _____

NAME: LAST _____ FIRST: _____

SPOUSE: _____ County: _____

OPTIONAL: Business Name: _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP CODE : _____

PHONE: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

E-Mail: _____

If you would prefer to have your newsletter mailed to you rather than e-mailed, please check here. ____.

The Cook DuPage Beekeeping Association may make the membership list available to appropriate 3rd parties for beekeeping related information Please check here if you do **not** wish to be included _____ .

Dues for one year: _____ \$ 25.00

Spouse/Family member for one year: _____ \$ 12.00

TOTAL \$ _____

Please make check payable to CDBA and give to Dan Rubino at the next meeting, or mail your check and form too:

Dan Rubino
977 Royal Glen Lane
Carol Stream, IL 60188

Thank you for being a member of CDBA.
Your membership includes \$10.00 membership to the Illinois State Beekeepers Association.
Please note membership year runs from January to December