

Cook DuPage Beekeepers Association 2024 Membership Application

Date:	
New Member: / Renewal:	

AST Name:			ame:		
Street Address:					
City:				Zip:_	
Phone: <i>C</i>	Circle one: Cell H	Home			
-Mail:					
Note: All newsletters/reminder	s are sent by e-mail,	so a <u>working</u> e-	mail addı	ress is need	ded.)
AMILY (SECONDARY)		Registration			
Last Name	First Name		E-Mail		
REGISTRATION FEES:					
Membership Type	Annual Rate	Amount D	ue*		
Primary Member	\$25/year*	\$25			
Secondary Member 1	\$12/year*				Admin Checklist
Secondary Member 2	\$12/year*				Access DB
Secondary Member 3	\$12/year*				Member DB
TOTAL AMOUNT				L	
10 of each primary member's d SBA) ISBA dues are not provide	_	•		tate Beeke	epers Association
Лаке checks payable to : Cod					
Bring your check and form to	a general meeting (or mail to our	Membe	rship Seci	etary:

John Hayse CDBA Membership Coordinator 6030 Woodward Ave. Downers Grove, IL 60516

Membership@cookdupagebeekeepers.com