

Downers Grove, IL 60516

Cook DuPage Beekeepers Association 2025 Membership Application

Date:	
New Member:	/ Renewal:

AST Name:		EIDST N	lamo:		
AST Name:					
treet Address:					
City:		State:		Zip:_	
Phone:	Circle one: Cell	Home			
-Mail:					
Note: All newsletters/reminde	rs are sent by e-ma	il, so a <u>working</u> e	-mail add	dress is nee	ded.)
AMILY (SECONDARY)	MEMBER (\$1	2 Registrati	on Fee	*)	
Last Name	First Name			E-Mail	
REGISTRATION FEES:		T			
Membership Type	Annual Rate		oue*		
Primary Member	\$25/year*				
Secondary Member 1	\$12/year*				Admin Checklist
Secondary Member 2	\$12/year*				Access DB
Secondary Member 3	\$12/year*				Member DB
TOTAL AMOUNT					
f registered before April 1 of th					
nembership in the Illinois State or secondary members. ISBA d	•	• •		•	•
or secondary members. ISBA u	ues are not paid by	THE CODA TOT THE	.mbers ju	ming arter	April 13t.
Make checks payable to: Co	_	•		analaise Cere	
Bring your check and form to ohn Hayse	a general meetir T	-			
CDBA Membership Coordinator		Membership q	luestions	s can be E	-iviailed to:
5030 Woodward Ave.					