

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 email for sending club notices and other club related business.

Business Name: _____

Dues for one year (Jan. 1 - Dec. 31): \$35.00 (Your membership includes \$10.00 for membership to the Illinois State Beekeepers Association.) Payments after Oct. 1st will be carried over to the following year. Membership to the Illinois State Beekeepers Association will be paid by FVBA.

Please print out this form, complete it and email it to FOXVALLEYBEEKEEPERS@GMAIL.COM
Or mail your check, payable to Fox Valley Beekeepers Association (FVBA) and this completed form to:

FVBA - Membership Chair
P.O. Box 13
Geneva, IL 60134

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 the organization:

Web Master/ Web design

Newsletter

Committee member

Photographer

Education

Illinois State Fair

Media/ Public relations

Leadership/Officer

Historian

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?:

If you are willing to be called for bee swarm collection please indicate area/town you are available for and phone number:

Any other additional information that 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 (Optional) _____

Any information you would like to share; years of beekeeping, teaching 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 are not by default automatically on this list. This list is intended to be shared only among those on the list. The Association is not held responsible for information released to 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.