

Fox Valley Beekeepers Association

Membership Form

Date ____/____/____

Please Print

Last _____ First _____

Other household member _____

Address _____

City _____ State _____ Zip _____

County _____

Cell Phone _____

Home Phone _____

Email _____

Other's Email _____

Do you currently have bees? Yes No

How many hives? _____ Years of experience _____

Are you a member of another Illinois bee club Yes No

If YES – which club _____

Business _____

Other Information:

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

Dues are \$35.00 for one year (January 1 thru December 31). \$10.00 of the dues go toward Illinois State Beekeepers Association membership.

Please print this form out and bring to the next meeting or mail it to Fox Valley Beekeepers Association (FBVA)

☐ Members must be willing to abide by the Constitution and By-Laws and must maintain an interest in the activities of the FVBA.

FVBA – Membership

P.O. Box 13

Geneva IL 60134

Date Received ____/____/____ Date Paid ____/____/____ Cash/Check/Credit/Zelle