Cook DuPage Beekeepers Association

2010 Membership Form

Date: __/__/ 2010

Please check one: ___renewal ___NEW ___ Address changed

OPTIONAL: Number of years as a CDBA Member_____Number of Hives_____

NAME: LAST_____ FIRST:_____

SPOUSE:_____

OPTIONAL: Business Name:_____

ADDRESS: _____

CITY:_____ STATE:___ ZIP CODE :_____

PHONE: _____
Cell Phone: _____
E-Mail:_____

Dues for one year : _____ $ 20.00
Dues for two years: _____ $ 38.00

Spouse for one years : _____ $ 12.00
Spouse for two years : _____ $ 24.00

TOTAL $_____

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

Hillard Bryant
171 Woodland Dr.
Plano, IL 60545

Thank you for being a member of CDBA. Your membership includes $10.00 membership to the Illinois State Beekeepers Association.