



SOUTHERN ILLINOIS BEEKEEPING ASSOCIATION
(S.I.B.A.)

Membership Application

For Calendar Year 20__

SOUTHERN ILLINOIS BEEKEEPING ASSOCIATION (S.I.B.A.) is a non profit organization with the objective of serving the needs of the beekeeping community in the Southern Illinois area.

Name: _____

Address: _____

Additional family members: _____

Phone: (____) _____ texting? yes__ no__ email: _____

- I already have bees (how long _____)
- I would like to get start keeping bees
- Add me to the swarm list
- I would like to be a mentor
- I would like to have a mentor

What kind of information or topics would you like to see at assoc. meetings? _____

Do you have any special interest or talents you would like to share/help the group? _____

Annual Membership Dues

(Due January each year)

- \$10. Individual membership (no state association)
- \$15. Family membership (no state association)
- \$20. Individual membership (with state association)
- \$25. Family membership (with state association)
- New Membership
- Renewal membership
- Cash
- Check (check # _____)

Make checks payable to S.I.B.A. and return form and payment to Southern Illinois Beekeeping Assoc.
POB 195 Vergennes, IL. 62994

(S.I.B.A. will not share any of your personal information any groups or organizations outside of this group or the state organization)