



2024 Membership Application

New Member \$30.00

Renewal \$30.00

*** Required Fields**

First Name*: _____ **Last Name*:** _____

Street Address*: _____

City*: _____ **State*:** _____ **Zip*:** _____

E-mail* (E-mail Address is your User ID and must be valid) : _____

Phone Number*: (____) ____-____

Personal Website: _____ What year did you start beekeeping? _____

How many hives do you have? _____ How many hives in Will County? _____

What types of hives do you have?

Langstroth 10 frame Langstroth 8 frame Top bar Flow hive Other

Do you wish to be listed for Swarm Removals? Do you wish to be listed for Honey Sales?

Do you make Mead? Do you make equipment? Are you a full-service dealer?

Would you like to be listed as a Mentor?

How did you learn about the Will County Beekeepers Association? _____

Membership runs from January 1, 2024, through December 31, 2024. \$10.00 of your dues goes towards membership in the Illinois State Beekeepers Association (ISBA).

No Membership data will be sold or shared except for your name and address to the ISBA.

Please make checks payable to: Will County Beekeepers Association

Bring your application and payment to our next regular monthly meeting or mail (check only) to:

Keith Meiser
WCBA Membership Director
2906 Wake Island Drive
Joliet, IL 60435

If you have any question or concerns, please contact Keith Meiser kem5243@gmail.com