



2020 IBNA Membership Application

Please fill out the membership form below and figure your total. Then add the handling fee and submit your payment using the PayPal button on the website.
(If you are paying for more than one membership, please list the names of each member)

Membership total: _____ **add 3.5% handling fee** _____ **Total to pay** _____

Membership type: Active (\$15) Associate (\$65) Student (\$10) (circle one)

Name | _____ |

Title/Organization | _____ |

Preferred Mailing Address | _____ |

City | _____ | State | _____ | Zip | _____ |

Phone | _____ | E-Mail | _____ |

Membership type: Active (\$15) Associate (\$65) Student (\$10) (circle one)

Name | _____ |

Title/Organization | _____ |

Preferred Mailing Address | _____ |

City | _____ | State | _____ | Zip | _____ |

Phone | _____ | E-Mail | _____ |

Membership type: Active (\$15) Associate (\$65) Student (\$10) (circle one)

Name | _____ |

Title/Organization | _____ |

Preferred Mailing Address | _____ |

City | _____ | State | _____ | Zip | _____ |

Phone | _____ | E-Mail | _____ |