

# IBH MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, & ZIP \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

## FAMILY MEMBERSHIPS

WIFE'S NAME \_\_\_\_\_ LIST CHILD'S BIRTHDAY IF UNDER 18 \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

**Print and fill out this application and Mail to:**

**IBH Secretary  
5728 NW Flintridge Ct.  
Kansas City, Mo. 64151  
816-505-9331**

**PLEASE CIRCLE DUES CHOICE'S**

### **MBH Dues:**

**\$20.00 Individual**

**\$25.00 Family of two or more**

### **NFAA Dues:**

**\$35.00 Individual**

**\$5.00 each next 2 people**

**\$2.00 each next 4 or more**

### **IBH Dues:**

**\$24.00 Individual**

**\$36.00 Family of two or more**

**\$100.00 Individual Building**

**\$200.00 Family Building**

**\$12.00 Single Child only**

**\$20.00 Two or more children  
in (same family) no adults**

FOR OFFICE USE ONLY – DO NOT MARK

IBH NEW \_\_\_\_\_

MBH NEW \_\_\_\_\_

IBH RENEW \_\_\_\_\_

MBH RENEW \_\_\_\_\_

EXPIRED ON MONTH / YEAR \_\_\_\_\_ EXPIRED ON MONTH/YEAR \_\_\_\_\_

NFAA MEMBER: YES \_\_\_\_\_ NO \_\_\_\_\_