

Mail this form to:  
**Steve Van Camp**  
**IBC Membership Chair**  
**923 Wadsworth St.**  
**Syracuse, NY 13208 USA**



## IBC Membership Application

### Personal Information

Last Name:	Address Line 1:	
<input type="text"/>	<input type="text"/>	
First Name:	Address Line 2:	
<input type="text"/>	<input type="text"/>	
E-mail Address:	Address Line 3:	
<input type="text"/>	<input type="text"/>	
Telephone Number:	Address Line 4:	
<input type="text"/>	<input type="text"/>	
Fax Number:	City:	
<input type="text"/>	<input type="text"/>	
Additional Names (for Family memberships only - refers to family members living at the same residence.):	State/Province:	Postal Code:
	<input type="text"/>	<input type="text"/>
	Country/Region:	<input type="text"/>

### Membership Type

#### Standard Rates

Incl. black & white mailed paper issue of *FLARE*

- |  |  |
|--|--|
| <input type="checkbox"/> \$35.00 Individual (Area1/North America)          | <input type="checkbox"/> \$40.00 Individual (All Other Areas)          |
| <input type="checkbox"/> \$37.00 Family <sup>1</sup> (Area1/North America) | <input type="checkbox"/> \$42.00 Family <sup>1</sup> (All Other Areas) |
| <input type="checkbox"/> \$29.00 Junior <16 (All Areas)                    |  |

#### Standard Rates

Incl. electronic color *FLARE* (You must join the IBC Members-Only BetterBettas Mail List in order to access the color *FLARE*)

- |  |   |
|--|---|
| <input type="checkbox"/> \$20.00 Individual (All Areas)          | <input type="checkbox"/> \$14.00 Junior <16 (All Areas) |
| <input type="checkbox"/> \$22.00 Family <sup>1</sup> (All Areas) |   |

#### Premium Rates

Apply to anyone, regardless of location; the extra dues in the next 3 categories help to offset IBC operating expenses. Please be sure to specify either paper or electronic *FLARE*.

- |   |
|---|
| <input type="checkbox"/> \$40.00 Patron     |
| <input type="checkbox"/> \$50.00 Supporting |
| <input type="checkbox"/> \$60.00 Sustaining |

#### Associate Rates

For other hobby organizations or commercial entities our standard rates apply. Please select your desired membership level above and check the box to indicate that you are in associate rate status.

- This is an [Associate](#) Membership.

#### Lifetime Rate

Available to individuals and families only.

- \$500.00 (One time Fee)

### Payment

- |                                |                                      |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Money Order |
|--------------------------------|--------------------------------------|

**Total amount enclosed:** \_\_\_\_\_

Memberships are processed at the end of the month in which the payment is received.

<sup>1</sup>Family: refers to family members living at the same residence.