1. **Read & complete the following application for Joining the Foam Blowers of Indiana (FBI) Homebrew Club**



Member Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** I am an AHA member

Email **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Family Member **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**I am an AHA member

Email **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State: **\_\_\_\_\_\_** Zip Code: **\_\_\_\_\_\_\_\_\_\_\_\_** Phone# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NOTE: We are asking that AHA members ensure their online AHA profiles reflect their club affiliation with the FBI

1. **By signing this application, I certify that the applicant(s):**

a) Are 21 years of age or older.

b) Agree to drink responsibly and to secure safe transportation to and from club meetings and events.

c) Are responsible for my consumption of alcoholic beverages at club-sponsored meetings and events.

d) I further understand that other club members, guests, club officers and/or meeting hosts are not liable in any way for incidents resulting from my behavior or my consumption of alcoholic beverages at or travel to or from club‐sponsored meetings and events.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**

1. **Membership Dues**: **$30.00 for a Single Membership**

 **$40.00 for a Family Membership** (Includes the Member +1 legal family member)

* 1. The FBI membership year starts on January 1st each year. If joining after January 1, the dues are prorated after June 1st for the balance of the calendar year.
	2. Checks can be mailed with your application.  **Make checks payable to "Foam Blowers of Indiana, Inc.” Not to Treasurer**
	3. Electronic payment can be made through Zelle or PayPal.
	**Send your payment to: treasurerfbi@gmail.com**

To assist in connecting your application with the payment, please include your name, email address, or phone number in the Memo section. If you pay via PayPal please provide us with your PayPal Transaction Number, found in email receipt you received from the service provider.

**IMPORTANT:** If using PayPal, use the Sending to A Friend option, NOT Paying For An Item Or Service.
You are responsible for the additional fees that PayPal adds to your payment.

1. **If** **you are a new member, you must return a signed copy of this application to the FBI treasure.
Submit your completed form to Foam Blowers of Indiana via mail or email:**

|  |  |  |
| --- | --- | --- |
| **Mail to:** Foam Blowers of Indiana Attn: Theresa Zimmermann 9250 Fordham St. Indianapolis, IN 46268 | **OR** | **Scan and email to:**treasurerfbi@gmail.com |

For additional information please contact:

* Theresa Zimmermann, FBI Treasurer, treasurerfbi@gmail.com
* Danna Korak, Membership Chairperson, dmkorak@gmail.com