



2025 IEBHA Membership Application

Name _____ ABRA # _____

Address _____ City, State, _____ Zip _____

Phone Number _____ Email _____

MEMBERSHIP TYPE	Fee
Single Youth (18 & Under as of Jan 1st)	\$30
Single Adult (19 & Over as of Jan. 1st)	\$40
Family (Parent(s) and children 18 & under in the same household) List all names & ABRA numbers below:	\$60
Total Enclosed for Membership	\$

Note: Membership dues MUST be included with the application. No points will count for year-end awards until ALL forms and payments are received at the address below.

Please make checks out to IEBHA and mail applications/payments to:

IEBHA
PO BOX 3555
Post Falls, ID 83877

OR send your payment via PayPal to iebhaclub@gmail.com