2025 Iredell Brewers United (IBU)

Membership Application / Renewal

Date:_____

Membership Year:_____

Member Name:_____

Returning member: Y ☐ N ☐

Membership Type: Individual ☐

Couple ☐ ☐

Significant Other Name:_____

Member E-mail:_____

Member Birth Date:_____

Significant Other E-mail (If applicable)_____

Significant Other Birth Date_____

County of Residence:_____

Phone Number:_____

Single: $35.00 ☐ Couple: $50.00 ☐

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Cash/ck: $_____ Date:_____

Paypal $_____ Date:_____

Membership benefits include 10% discount at Alt Bev