

WISCONSIN HONEY PRODUCERS ASSOCIATION REGISTRATION FORM – 2010 (10/1/09 thru 9/30/10)

Name _____
Additional * _____
Family Members _____
Address _____
City _____
State _____ Zip _____
County _____
Home Phone _____ Cell Phone _____
Email Address _____
County Assn _____

Membership Dues for 2010

New Members \$10 \$ _____
Renewals \$25 \$ _____

* Spouse & Additional Family
Members under 18 yrs of age \$10 ea \$ _____

Fund Contributions

Honey Queen Program \$ _____
Defense Fund \$ _____
Research Fund \$ _____

Total Enclosed: \$ _____

Member List of Suppliers

Would you like your products and services included on a WHPA Member List/Website for promotional purposes? Please indicate as a Supplier of:

Honey Beeswax Candles Pollination Services Swarm Removal

Make Checks Payable To:

Wisconsin Honey Producers Association (WHPA)

Mail To:

WHPA Treasurer, Jim Burzynski, 36510 165th Ave., Stanley, WI 54768