



Iowa Honey Producers Association

Annual Membership Form 2023

Our membership year runs from January 1 through December 31.
 The expiration date will be above your mailing address on "The Buzz"
 One copy of "The Buzz" will be sent per household address

Please print legibly.

Primary Member (First and Last Name) _____ **\$30.00** \$ _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
E-mail Address: _____
Phone Number: _____

Additional Members (Please list first and last names separated by commas) _____ **\$5 each**
 Name(s): _____
 Email Address: _____
 Phone Number: _____

	# of Members	at \$5 each	\$
Additional Years of Membership			
Primary-Additional Years of Membership (\$30/person/year)	# of years _____	\$30/year	\$ _____
Additional Member(s)-Additional Years of Membership (\$5/person/year)	# of years _____	\$5/year	\$ _____

Donations

Fairbooth Renovation Fund - Funds to be used for improvements	\$ _____
General Fund - Funds to be used for day to day expenses	\$ _____
Queen Fund - Funds to be used to help the Queen in her travels	\$ _____
Youth Program - Funds to be used to provide students with needed supplies	\$ _____
Memorial Scholarship - Funds to be used to provide scholarship to students	\$ _____
Sub-total	\$ _____
TOTAL	\$ _____

May we publish our information in the Association Directory YES NO

I would like to be contacted about ideas I have for the IHPA, and to learn more about serving on committees YES NO

I would like to be a Mentor for the Youth Scholarship Program YES NO

If you would like to pay via credit/debit card, please click the "Register Online" option that was next to the "membership form" button you clicked to get this physical form.

Please make checks payable to: **Iowa Honey Producers Association or IHPA**

For Mailed Payments (check or cash) Lisa Montgomery, 2543 170th St Livermore, IA 50558

For Office Use: Pmt Rcvd _____ Check # _____ Amount _____