



# 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	\$
<b>Additional Years of Membership</b>			
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	\$ _____
<b>Sub-total</b>	<b>\$ _____</b>
<b>TOTAL</b>	<b>\$ _____</b>

**May we publish your 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

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**For Office Use:**      Pmt Rcvd \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_