



Iowa Honey Producers Association

Annual Membership Form

Our membership is 12 months long from the time you pay.
The expiration date will be above your mailing address on "The Buzz"
One printed & electronic copy of "The Buzz" will be sent per household

Please print legibly.

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

Additional Members \$5 each (Please list first and last names separated by commas)

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 \$ _____

Manual Processing Fee

\$5.00

To avoid the manual processing fee, please register online at www.iowahoneyproducers.org/online-store

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 **\$** _____

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 ☐

Your information will be published in our membership directory unless you specifically request it to be left off of it in writing here: _____

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. Registering online will save you \$5.00!

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

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

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