

WISCONSIN MAPLE SYRUP PRODUCER'S ASSOCIATION, INC.

2019 - 2020 Associate Membership Application/Renewal Form

Associate/Business Members

Please Print, Complete all lines and Submit with payment

Date: _____

Contact: _____

Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Please explain how your business will can benefit the Maple Syrup Industry: _____



IMPORTANT: Would you like your company name and information to be listed on the WMSPA Website (wismaple.org) and in future WMSPA publications? **Yes or No**

By marking yes above and signing below you agree to allow the association to use your company name on its web site, newsletter, and other WMSPA publications such as: maps and other future listings.

Please Sign Here if you agree with the above underlined statement:

_____ Date: _____

Membership Fees Schedule

Effective Dates Start May 1st of each year – Membership year 2019 to 2020

Fees (please check line that applies below):

_____ \$520 per year – does **NOT** include a booth at the Winter Institute held in January each year.

_____ \$600 per year – includes up to a 15 foot booth at the Winter Institute held in January each year.

Associate Membership Benefits

- Access to our membership email and mailing list
- Free ad and Listing on www.wismaple.org
- 1 Free 1/2 page add in each issue of the Wisconsin Maple News
- No Voting Privileges accompany this membership (for voting privileges you must join as a producer)

WI Maple News Add Rates

Full page \$100.00	1/2 page \$70.00
1/3 page \$60.00	1/4 page \$50.00
Members receive a 25% discount	

Each membership receives the above and one year's subscription to the "Wisconsin Maple News".

Mail completed application along with a check to: (Make Check out to WMSPA)

Theresa Baroun, Executive Director, 2546 Homestead Drive De Pere, WI 54115

Office use only: _____ Date: _____

Payment Method: Check #: _____ Cash Amount: _____

Membership Card Sent: **Yes or No** Received By: _____



The Wisconsin Maple Syrup Producer's Association is dedicated to Improving the Ability of its Members to Produce and Market the Finest Maple Syrup in North America!

Revised Date: 1-1-17