WNYHPI Membership Application

| Date: | |
|---|--|
| Circle application type: *New Member: \$20.00 *Renewal: \$20.00 *Junior Member: Free (1 | 4 & Under/no voting rights) |
| Note: This is a single member application. Checks payable to WNY Honey Product Please mail to the address below. | ation. Each prospective member needs to fill out a |
| Member info: | |
| Name: | |
| Street: | |
| City: | |
| State/Zip Code: | |
| Phone #: | |
| Email: | |
| Would you be willing to have your conta | ct information shared with WNYHPI members? Y N |
| Do you currently have bees? If so, what | kind of hives do you run? |
| As a member, what are you looking for from the Network with beekeepers Beekeeping education Attending presentations/guest specified a mentor Other: | |

Western New York Honey Producers, Inc. P.O. Box 873 East Aurora, NY 14052 www.WNYHPA.org