



Membership Application



DATE: _____

Check Application Type

- | | | |
|--|-------------------------|--|
| <input type="checkbox"/> New Member: | \$20.00 | Western New York Honey Producers, Inc.
P.O.Box 873
East Aurora, New York 14052
www.WNYHPI.ORG |
| <input type="checkbox"/> Renewal: | \$20.00 | |
| <input type="checkbox"/> Junior Member: (14 & under) | Free (No voting rights) | |
| <input type="checkbox"/> Lifetime | \$250.00 | |

* Note: This is a single member application. Each prospective member needs to fill out an application. Make checks payable to: WNY Honey Producers, Inc.... Please mail to the above association address.

Member Information:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone #: _____

Email: _____

Would you be willing to have your contact information shared with WNYHPI members ? YES NO

Do you currently have bees? If so, what kind of hives do you run?

As a member, what are you looking for from the WNYHPI?

- _____ Network with beekeepers
- _____ Beekeeping education
- _____ Attending presentations/guest speakers
- _____ Find a mentor
- _____ Other: