



Minnesota Honey Producers Association Membership Form

Please Print All Entries

*Name: _____ *Required Entries

Company Name: _____

*Address: _____

*City: _____

*State: _____ *Zip Code: _____

*Telephone: _____ Mobile

*Email: _____

Annual Dues (Select Only One Membership Category)

Hobby: \$20 \$ _____
Commercial: \$40 \$ _____

*Dues include a 1 year MHPA membership and 3 electronic issues of "The Minnesota Beekeeper" Newsletter.

Donations

American Beekeeping Federation: \$ _____
Hadak Research Fund: \$ _____
Furgala Scholarship Fund: \$ _____

TOTAL DUES: \$ _____

Make checks payable to: MHPA

**Mail to: Minnesota Honey Producers Association
C/O Sara Keskey-Rufer
P.O.Box 336
Cokato, MN 55321**