

MN Maple Syrup Producers Association Membership Application Form

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Name(s):						
Mailing Address:						
City, State, Zip:						
Phone Number(s):						
Email Address:						
(Please include d	an email if you hav	e one fo	r Tid-Bits, notifica	itions betv	veen Newsletters)	
Farm/Brand Name:						
Website:						
Type of Operation:		□ Hob	by/Non-Licens	sed	☐ Commercial/License	d
Sugarhouse Open for Tours:		☐ Yes, call ahead			□No	
Estimated Number o	f Taps Last Seas	son				
Add information on MMSPA web sit		:e:	□ Yes		□No	
How to receive Newsletter:			☐ Email		□ US Mail	
Membership Type: ☐ Single V		te Annual, \$25		☐ Single Vote 3-Year, \$75		
	☐ 2 Vote Family/Busi		ness, \$30	□ 2 Vo	☐ 2 Vote Family/Business 3-Year,	
	Memberships run from June 1st to May 31st					

Please return your completed form and payment to:

Ben Carlson – 15946 County Road 51 – St Joseph, MN 56374

Please make checks payable to: MMSPA

Renewals can also be done at mnmaple.org via PayPal