



New York State Maple Producers Association, Inc.

301 Myron Road, Syracuse, NY 13219 ♦ ♦ www.nysmaple.com

MEMBERSHIP APPLICATION - 2010-11

Type of application (please check one): Renewal New

Member Name: _____
(For additional members and/or listings, please attach additional sheet(s) with their names and addresses.)

Business name: _____

Mailing address: _____
(Please list PO Box, Street, City, State, Zip)

Phone: _____ **FAX:** _____ **Cell phone:** _____

Email address: _____ **Website:** _____

Please check here if you do not wish to receive emails of NYSMPA opportunities and meetings _____

Physical Address and Phone Number of your sugar house or other maple operation if different than the above:

Region of operation: _____ **County of operation:** _____

Ten word description of your product:

Your information (including your website) will be listed in the new NYSMPA Consumer Guide and your information posted on the New York State Maple website (www.nysmaple.com) unless you check here: **NO**

From time to time, the Association has the opportunity to furnish product samples for events or gift baskets. Would you be willing to have your name entered into a lottery for contributing products? **YES**

- I am willing to donate the following products: _____

Would you like to receive your newsletter via email rather than by postal mail? **YES**

I guarantee that all maple products packaged and sold by me conform to NYS standards, and that I will make every effort to satisfy any just complaint of my maple products.

Signature _____ Date _____

2010-11 Membership and Other Fees (check all that apply):

- _____ \$50.00 full/voting member
- _____ \$25.00 associate/non-voting member (**MUST BE relatives/friend/employee of full member**)
 ___ check if you don't want mailings
- _____ \$25.00 retired producer/non-voting member (**must have been a full members for at least 25 years**);
 ___ check if you don't want mailings
- _____ \$15.00 opportunity to fill orders placed on nysmaple.com

2010-11 Donation to New York State Maple Foundation (NYSMF) for educational programs (optional)

_____ \$.20/gallon (suggested contribution) X _____ gallons produced = \$ _____ total donation
NYSMF is seeking recognition by the IRS as a 501(c)(3) non-profit organization. As such, your donation may be tax deductible to the extent allowed by law.

Payment (check one): ___ Check (PAYABLE TO NYSMPA) ___ Master Card ___ VISA Exp. Date _____

Credit card number _____ Signature _____

Send this form and payment to: NYSMPA Business Office: 301 Myron Road, Syracuse, NY 13219