

WISCONSIN MAPLE SYRUP PRODUCERS' ASSOCIATION, INC.

2025 - 2026 Membership Renewal Form

Producer Membership Form

Please Print, Complete all lines and Submit with payment

Date: _____ District Number: _____

Name: _____

Sugar Bush Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Website: _____

Email Address: _____

Sugar Bush Location (county): _____

Do you tap trees now? **Yes** or **No** (circle one) If so, How Many: _____

Would you like your name/Sugar Bush to be listed on the WMSPA Website in the Buy Local Section (wismaple.org/buy-local)?



www.wismaple.org

Yes or No

Would you like your name/Sugar Bush name listed on future WMSPA flyers?

Yes or No

Would you like to receive WMSPA mailings via email? (Newsletter will still be mailed)

Yes or No

By marking yes and signing below you are agreeing to allow the association to use your name on its web site, newsletter, and other WMSPA publications such as: maps and membership listings.

Please Sign Here if you agree with the above statement:

Date: _____

Membership Fees Schedule

Effective Dates Start and End **January 15th** yearly – ***If dues are not received by Jan. 15th, membership may be revoked.***

Fees (please check line that applies below):

_____ \$29 for producers with 500 taps or less (if you do not produce sap or syrup – no voting privilege)

_____ \$43 for producers with 501 taps or more

_____ \$17 per additional family/partner membership – additional membership and voting privilege

(Must be a family member or business partner//please provide name and address for additional family/partner membership on back)

Each membership gets one vote, and one year's subscription to the "Wisconsin Maple News" and the "Maple Syrup Digest"

_____ \$17 this is an optional subscription to The Maple News publication - \$17 is a reduced rate for our members and will get you 10 issues of this very informative color newspaper – see website for more info.

_____ **Total Enclosed**

Mail completed application along with a check to: (Make Check out to WMSPA)

Theresa Baroun, Executive Director

2546 Homestead Drive

De Pere, WI 54115

Office use only:

Date: _____

Payment Method: Check #: _____ Cash Amount: _____

Membership Card Sent: **Yes or No** Received By: _____



The Wisconsin Maple Syrup Producer's Association is dedicated to Improving the Ability of its Members to Produce and Market the Finest Maple Syrup in North America!