

Ohio Maple Producers Association Application

Membership for Calendar Year 2017

Are you a: Producer - (A person, family, company or organization who produces, packs or prepares maple products in Ohio.)
 Associate - (A person, family, company or organization other than a producer who has an interest in Ohio maple production and products.)

Mailing Address: (OMPA will not sell or trade our mailing lists)

Name _____ Phone (____) _____
Address _____ City _____
State _____ Zip _____ County _____ Email _____
Sugar Operation or Farm Web Address _____

Sugaring Operation Information: # of Taps _____

Maple Operation/Farm/Company Name: _____
Address _____ City _____ State _____ Zip _____

Would you like to be included on our up to date Ohio Maple Syrup Producers list on the OMPA Website (ie. sellers list)?

Yes (please fill out the rest of the info) No (please proceed to the end)

If open to the public: (festival, fair, open house, maple madness)

What months _____ Do you give tours Yes No

(check all that apply)

<input type="checkbox"/> Bucket	<input type="checkbox"/> Use Horses for Collection	<input type="checkbox"/> School Tours (by appt.)
<input type="checkbox"/> Tubing	<input type="checkbox"/> Eating Facilities	<input type="checkbox"/> Bus Tours (by appt.)
<input type="checkbox"/> Wood Fired to Boil	<input type="checkbox"/> Mail Orders Taken	<input type="checkbox"/> Other Attractions on Site: _____
<input type="checkbox"/> Oil Fired to Boil	<input type="checkbox"/> Handicapped Accessible	

Sell the following Maple Products:

Syrup Spread Candy Sugar
 Cream Other _____

As a member of the Ohio Maple Producers Association, I agree to meet current standards for the production and sale of all maple products and promote maple production whenever possible.

Applicant Signature

Date

Membership Fees: \$ 35.00

Donation to OMPA \$ _____
(for the development of educational & promotional material and other benefits for Ohio Maple Production)

Total Payment \$ _____



Make checks payable to OMPA and return payment with this completed form by JANUARY 31 to:

**Charles Walker, Membership Chariman, OMPA
4012 Dutch Lane
Johnstown, OH 43031**

I would like to receive the OMPA Newsletter by email.

Yes No

For Office Use Only

Check # _____

Date: _____