



Membership Application (Jan 1 - Dec 31, 2019)



Name _____ Business Name _____

Address _____

(please include complete civil address)

Town _____ Province _____ Postal Code _____

Unless noted, this will be the mailing address for mailing of the Mainline.

Phone: _____ Fax: _____ Local: _____

Email: _____ Website: _____

MEMBER INFORMATION

New Member Renewal

PRODUCER MEMBER *This is a voting membership.*

Under 100 taps \$40.00

(Under 100 taps does not include Best Practices Manual)

Under 250 taps \$85.00

250 taps and over \$115.00

Please indicate # of taps _____

AFFILIATE MEMBER *This is a non-voting membership.*

Non-producer \$30.00

Sponsored by _____

ASSOCIATE MEMBER *This is a non-voting membership.*

Non-producer, business or supplier \$115.00

DONATIONS TO OMSPA

Voluntary contributions to assist in a specific area of Your Association are always welcome!

General Fund Research Fund

Marketing Fund Advertising

Other _____ If you wish to make multiple donations, please specify each amount

DONATION TOTAL \$ _____

Subscription to Maple Digest ONLY – \$12.00

(Available for ordering until March 31st)

New Subscription to The Maple News - \$35.00

(Available for ordering until March 31st)

TOTAL \$ _____

OMSPA WEBSITE:

Every OMSPA member gets their information posted on the website as part of their membership benefits.

Please indicate all categories which apply:

Farm Gate Sales Pancake Houses

Maple Equipment Suppliers

Wholesalers Bulk Buyers

Organic CFIA Regulated

Please check here if you DO NOT WISH to have your contact information published on the OMSPA website.

Don't forget to include a description of your operation to be posted on the website, along with your web and facebook addresses, if available. We also have the ability to include your farm logo.

Please send your description and logo by email to Joanne at admin@ontariomaple.com

If you have any questions, please call 1-866-566-2753

Make Cheques Payable to OMSPA.

Mail to: Ontario Maple Syrup Producers' Association
10-4 Campus Dr.
Kemptville, ON K0G 1J0

Applicant's Signature _____

(Required to submit application.)