



HONEY PRODUCERS
Association, inc.
Established in 1864

APPLICATION FORM – 2024 WISCONSIN HONEY QUEEN

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DATE OF BIRTH: _____

CELL PHONE: _____ E-MAIL: _____

FATHER'S NAME: _____ ADDRESS: _____

MOTHER'S NAME: _____ ADDRESS: _____

SCHOOL CURRENTLY ATTENDING (IF APPLICABLE), AREA OF STUDY, AND YEAR IN SCHOOL:

HIGH SCHOOL FROM WHICH YOU GRADUATED AND YEAR OF GRADUATION:

LIST ACTIVITIES AND HOBBIES: _____

EMPLOYMENT HISTORY (LAST THREE EMPLOYERS)

Employer:	
City/State:	
Dates of Employment:	
Duties:	
Reason for Leaving:	

Employer:	
City/State:	
Dates of Employment:	
Duties:	
Reason for Leaving:	
Employer:	
City/State:	
Dates of Employment:	
Duties:	
Reason for Leaving:	

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a position with the Wisconsin Honey Producers Association.

SIGNATURE: _____ **DATE:** _____

SEND COMPLETED FORM, DIGITAL PHOTO, RECIPES, AND ESSAY TO:
Wisconsin Honey Queen Program
10432 W. Norwich Ave.
Greenfield, WI 53228
414.429.5502
wihoneyqueenprogram@gmail.com