

Please accept our application for Processor Membership in the American Frozen Food Institute (AFFI). *Any individual, partnership, firm, association or corporation engaged in the United States, or a territory or possession of the United States, in the preservation of food by freezing, in the reprocessing of frozen food products, or in the marketing of purchased frozen food products (defined as products to be sold in frozen form that have been processed or reprocessed within or outside the United States by another entity but which will be marketed under a label controlled by the entity), and who represents itself as a frozen food processing company, is eligible to become a Processor member of the Institute (AFFI Bylaws Article III, Section 2).*

Please type or print clearly

Full Name of Company:		
Name of Key Contact:		
Key Contact's Title:		
Address:		
City:	State:	Postal Zip Code:
Telephone:	Fax:	
Company Website:	Email:	

Applicant is actively and regularly engaged in the United States or a U.S. territory in the following business activities (check all that apply):

- the preservation of food by freezing
- the reprocessing of frozen food products
- the marketing of purchased frozen food products, including products to be sold in frozen form that have been processed or reprocessed within or outside the U.S. by another entity but which will be marketed under a label controlled by applicant.

Applicant represents itself as a frozen food processing company Yes No

Brief List of Products:

Application Completed By:

(Signature)	(Date)
(Please Type or Print Clearly)	(Date)

Referred By:

■ Please contact Brandon Partridge, Senior Vice President, Industry Development, bpartridge@affi.com, (703) 835-2413 for a schedule of processor member dues.

Please Complete all that are applicable:

Chief Executive Officer (CEO)
Name:
Title:
Address:
Phone: Fax:
E-mail:

President
Name:
Title:
Address:
Phone: Fax:
E-mail:

Executive Assistant to the President
Name:
Title:
Address:
Phone: Fax:
E-mail:

Chief Financial Officer (CFO)
Name:
Title:
Address:
Phone: Fax:
E-mail:

Government Affairs
Name:
Title:
Address:
Phone: Fax:
E-mail:

Logistics & Supply Chain
Name:
Title:
Address:
Phone: Fax:
E-mail:

Scientific / Regulatory Affairs
Name:
Title:
Address:
Phone: Fax:
E-mail:

Quality Assurance & Food Safety
Name:
Title:
Address:
Phone: Fax:
E-mail:

Risk Management
Name:
Title:
Address:
Phone: Fax:
E-mail:

Registered Dietitian / Nutritionist
Name:
Title:
Address:
Phone: Fax:
E-mail:

Sales & Marketing
Name:
Title:
Address:
Phone: Fax:
E-mail:

Public Relations & Communications
Name:
Title:
Address:
Phone: Fax:
E-mail: