

**Please accept our application for Associate Membership in the American Frozen Food Institute (AFFI).** Any individual, partnership, firm, association or corporation actively and regularly engaged in the business of supplying packages, machinery, materials or services used in the production of frozen foods, and that is a supplier in good standing in the industry, or who is engaged in the marketing of frozen foods and is not eligible for membership as a processor or international processor, is eligible to become an Associate member of the Institute (AFFI Bylaws Article III, Section 3).

**Please type or print clearly**

Full Name of Company: \_\_\_\_\_

Name of Key Contact: \_\_\_\_\_


Key Contact's Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

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):

- Packaging  Machinery  Materials  Services  Other  Distributing and/or marketing frozen food
- Preservation of food by freezing and marketing frozen foods solely through applicant's own retail facility(ies)


Please Describe Business:

\_\_\_\_\_

Check Level 

**Total Annual Revenue (millions \$) Dues(\$)**

<input type="checkbox"/>	0	.....	<10	2,250.00
<input type="checkbox"/>	10	.....	<50	2,750.00
<input type="checkbox"/>	50	.....	<100	3,250.00
<input type="checkbox"/>	100	.....	Up	3,750.00

Application Completed By: 

(Signature)

(Date)

(Please Type or Print Clearly)

(Date)

Referred By: \_\_\_\_\_

Please return completed application to Diana Merlos @ [dmerlos@affi.com](mailto:dmerlos@affi.com)