



American Frozen Food Institute

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McLean, Virginia 22102-7844

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E-Mail: info@affi.com

Website: http://www.affi.com

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 who 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: _____ E-mail Address: _____

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: _____

Please Select Dues Level (Based on Gross Annual Revenues)

Less than \$10 million, dues = \$1,100 Between \$10 million and \$100 million, dues = \$1,600

Over \$100 million, dues = \$1,900

Application Completed By: _____

(Signature)

(Date)

(Please Type or Print
Clearly)

(Date)

Referred By: _____

****Upon approval of this application, AFFI will invoice your company for the dues level indicated on this form.****