

Association of Food and Drug Officials

MEMBERSHIP FORM

Check One: New Membership Renewal Membership

ALL MEMBERSHIPS RUN ON A CALENDAR YEAR BASIS

How did you hear about AFDO? _____

Check One: Mr./ Ms./ Mrs./ Miss/ Dr.: _____ Retired

Name: _____ Date: _____
 Title: _____ Phone: _____
 Company: _____ Fax: _____
 Address: _____ Email: _____

- *Please ensure that all above contact information is complete.*
- *In order to receive eNEWS and other AFDO announcements you must supply a valid email address.*
- *Group and Contributing memberships must be submitted together as a single package.*

INDIVIDUAL MEMBERSHIP: This membership category is for individuals to purchase single memberships.

Individual Members

Alumni/Students	<input type="checkbox"/>	\$50
Regulatory/Government	<input type="checkbox"/>	\$50
Consumers/Educational	<input type="checkbox"/>	\$50
Small Business/Consultants (5 or fewer employees)	<input type="checkbox"/>	\$225
Industry Associate	<input type="checkbox"/>	\$325

GROUP MEMBERSHIP: This membership category is for those agencies or organizations that would like reduced rates for an increased number of memberships. **Group membership renewals must be submitted together as a single package.**

# of Group Members	Government	Non-Government
5-10	<input type="checkbox"/> \$46 each	<input type="checkbox"/> \$300 each
11-20	<input type="checkbox"/> \$44 each	<input type="checkbox"/> \$285 each
21-50	<input type="checkbox"/> \$42 each	<input type="checkbox"/> \$270 each
Greater than 50	<input type="checkbox"/> \$40 each	<input type="checkbox"/> \$255 each

CONTRIBUTING MEMBERSHIP: This membership category is for those agencies or organizations that would like to support the ongoing activities of the association through an "increased" level of contribution. **Contributing membership renewals must be submitted together as a single package.**

Contributing Member	Government	Non-Government
Platinum	<input type="checkbox"/> 5 memberships for \$750	<input type="checkbox"/> 5 memberships for \$2,500
Gold	<input type="checkbox"/> 3 memberships for \$500	<input type="checkbox"/> 3 memberships for \$1,750
Silver	<input type="checkbox"/> 2 memberships for \$350	<input type="checkbox"/> 2 memberships for \$1,250

Check payable in U.S. Funds enclosed Credit Card (MasterCard or Visa)

Card Number: _____ Exp: _____ CSC: _____
 Billing Address: _____
 City, State, Zip: _____
 Name on Card: _____

For Office Use Only:

Date Rec. _____ Entered _____
 Date Pd. _____ Initials _____
 CC _____ Check _____