

Association of Food and Drug Officials

INDUSTRY ASSOCIATE 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.:

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.*

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

Individual Members

AFDO only (Industry Associate) \$325

In addition to my AFDO membership, please add:

- AFDOSS \$75
- CASA \$35
- MCAFDO \$25
- NCAFDO \$35
- NEFDOA \$35
- WAFDO \$50

GROUP MEMBERSHIP: This membership category is for those 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	Industry Associate
5-10	<input type="checkbox"/> \$300 each
11-20	<input type="checkbox"/> \$285 each
21-50	<input type="checkbox"/> \$270 each
Greater than 50	<input type="checkbox"/> \$255 each

CONTRIBUTING MEMBERSHIP: This membership category is for those 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	Industry Associate
Platinum	<input type="checkbox"/> 5 memberships for \$2,500
Gold	<input type="checkbox"/> 3 memberships for \$1,750
Silver	<input type="checkbox"/> 2 memberships for \$1,250

Check payable in U.S. Funds enclosed Credit Card

Card Number: _____ Exp: _____ CSC: _____

Billing Address: _____

City, State, Zip: _____

Name on Card: _____

For Office Use Only:

Date Rec. _____ Entered _____

Date Pd. _____ Initials _____

CC _____ Check _____