

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 \$325

Please add to my AFDO membership:

AFDOSS \$75

CASA \$35

MCAFDO \$25

NCADFO \$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 \$300 each

11-20 \$285 each

21-50 \$270 each

Greater than 50 \$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 5 memberships for \$2,500

Gold 3 memberships for \$1,750

Silver 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 _____

ASSOCIATION OF FOOD AND DRUG OFFICIALS

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