

# 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  \$50  
 Regulatory/Government  \$50  
 Consumers/Educational  \$50  
 Small Business/Consultants (5 or fewer employees)  \$225  
 Industry Associate  \$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 \_\_\_\_\_