

# INDIVIDUAL MEMBERSHIP APPLICATION FORM

DATE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ WEB \_\_\_\_\_

## MEMBERSHIP TYPE

### Individual - \$75/year

Any individual whose primary business or employment is in food-service, food and beverage manufacturing, hospitality or a related industry

### Student - free

\*name of institution \_\_\_\_\_  
Any individual who is enrolled in an institution of higher learning and whose primary course of study is foodservice, food/beverage manufacturing and/or hospitality

### Educator - free

\*name of institution \_\_\_\_\_  
Any individual who is employed by an institution of higher learning and/or professional development training

### Government - \$25/year

### Association - \$25/year

## ETHNICITY

- |  |   |
|--|---|
| <input type="checkbox"/> White                             | <input type="checkbox"/> Guamanian, Chamorro          |
| <input type="checkbox"/> Black, African American           | <input type="checkbox"/> Samoan                       |
| <input type="checkbox"/> American Indian, Alaska Native    | <input type="checkbox"/> Other Pacific Islander       |
| <input type="checkbox"/> Chinese                           | <input type="checkbox"/> Mexican                      |
| <input type="checkbox"/> Japanese                          | <input type="checkbox"/> Cuban                        |
| <input type="checkbox"/> Vietnamese                        | <input type="checkbox"/> Puerto Rican                 |
| <input type="checkbox"/> Asian Indian                      | <input type="checkbox"/> Dominican                    |
| <input type="checkbox"/> Filipino                          | <input type="checkbox"/> Other Hispanic, Latino       |
| <input type="checkbox"/> Korean                            | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Other Asian                       |   |
| <input type="checkbox"/> Native Hawaiian, Pacific Islander |   |

## INDUSTRY

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Operator        | <input type="checkbox"/> Supplier     |
| <input type="checkbox"/> Restaurant      | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Hotel/lodging   | <input type="checkbox"/> Distributor  |
| <input type="checkbox"/> Contract feeder | <input type="checkbox"/> Education    |

## OTHER

- Minority business enterprise  
 Women business enterprise

## METHOD OF PAYMENT

Check # \_\_\_\_\_ enclosed for \$ \_\_\_\_\_

Please charge my credit card for \$ \_\_\_\_\_

Amex  Visa  Mastercard  Discover

NAME ON CARD \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

EXP DATE \_\_\_\_\_ CW \_\_\_\_\_

ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_