



American Frozen Food Institute
2000 Corporate Ridge, Suite 1000
McLean, Virginia 22102-7844
PHONE: (703) 821-0770 FAX: (703) 821-1350
E-Mail: info@affi.com
Website: <http://www.affi.com>

Please accept our application for Processor Membership in the American Frozen Food Institute (AFFI).

Any individual, partnership, firm, association or corporation engaged in the United States, or a territory or possession of the United States, in the preservation of food by freezing, in the reprocessing of frozen food products, or in the marketing of purchased frozen food products (defined as products to be sold in frozen form which have been processed or reprocessed within or outside the United States by another entity but which will be marketed under a label controlled by the entity), and who represents himself or itself as a frozen food processing company, is eligible to become a processor member of the Institute (AFFI Bylaws Article III, Section 2)

Please type or print clearly.

Full Name of Company: _____

Name of Key Contact: _____

Key Contact's Title: _____

Address: _____

City: _____ State: _____ Postal Zip Code: _____

Telephone: _____ Fax: _____

Company Website: _____ E-mail Address: _____

Applicant is actively and regularly engaged in the United States or a U.S. territory in the following business activities (check all that apply):

____ the preservation of food by freezing

____ the reprocessing of frozen food products

____ the marketing of purchased frozen food products, including products to be sold in frozen form which have been processed or reprocessed within or outside the U.S. by another entity but which will be marketed under a label controlled by applicant.

Applicant represents itself as a frozen food processing company ____ Yes ____ No

Brief list of products: _____

Application Completed By: _____

(Signature)

(Date)

(Please Type or Print Clearly)

(Date)

Referred By: _____

***Please see the attached table for dues payment schedule information. ***