



## **Affiliate Annual Report for Calendar Year 2017** *(Complete Attachment B to be considered for one or more 2018 Affiliate Awards.)*

To maintain compliance with IAFP Constitution and Bylaws, Affiliates must return this completed report. Please send by E-mail to Susan Smith at: [ssmith@foodprotection.org](mailto:ssmith@foodprotection.org).

Please return the following items **electronically** by **Tuesday, February 13, 2018 (late reports will not be considered for awards)**:

**REQUIRED:**

This completed form (*in English*).

Your Association's membership list (Item 2).

Your Association's list of current term officers (complete Attachment A).

**OPTIONAL:**

Attachment B: Completion required **only** if your Association requests to be considered for one or more Affiliate Awards.

IAFP will now accept all Affiliate Annual Reports electronically, including those vying for one or more of the Affiliate Awards. *Affiliates seeking to present the highest quality visual presentation are encouraged to present their Annual Report in the highest quality possible for review by the Selection Committee.*

Digital photos (with names and descriptions) to appear in the *Affiliate View* quarterly newsletter.

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## **African Continental Association for Food Protection**

### **1. Your Official Delegate to IAFP Affiliate Council and Contact**

*Enter in the fields below the information requested for your Association's official Delegate to the IAFP Affiliate Council and your official Contact for IAFP correspondence. **Delegate must be an IAFP Member.***

#### **Official Delegate to IAFP Affiliate Council**

Peter Kennedy

3691 Commercial Ave

Northbrook, IL 60062

847-291-7674 x204

[pkennedy@qualityflow.com](mailto:pkennedy@qualityflow.com)

IAFP Member? Y x N

**Official Contact for IAFP Correspondence (indicate "same" if person also serves as Delegate)**

SAME

IAFP Member? Y  N

**2. Membership List**

- a. Indicate the current total number of members in your Association: 263
- b. How many NEW members joined your Association in 2017? 20
- c. Fax or E-mail your current membership list. Include name, title, complete address, phone number, fax number, and E-mail address of all active members.

**3. Meetings: Annual Meeting/Conference, Educational, Workshops, Webinars, etc.**

- a. On what date(s) was your most recent general membership or major meeting (i.e., Annual Meeting/Conference) during the past year? Please list number of attendees.

IAFP Annual Meeting in Tampa, FL

- b. Please provide the date(s) and location of your next scheduled major meeting (i.e., Annual Meeting/Conference):

IAFP Annual Meeting in Salt Lake City, UT

- c. List all other general membership meetings held in 2017 (excluding board meetings). Include title, dates and attendance numbers.

|                         |  |
|-------------------------|--|
| Monthly Conference Call | 1 <sup>st</sup> Friday of Every Month, usually 3-5 members |
| Name of Meeting         | Date(s) Held & # of Attendees                              |
| Name of Meeting         | Date(s) Held & # of Attendees                              |

#### 4. Awards and Scholarships

a. List members honored with an award from your Association and/or IAFP during 2017. Include name of award and qualification for award.

|                                     |  |
|-------------------------------------|--|
| Click here to type recipient's name | Name of Award and how did recipient qualify? |
| Click here to type recipient's name | Name of Award and how did recipient qualify? |
| Click here to type recipient's name | Name of Award and how did recipient qualify? |
| Click here to type recipient's name | Name of Award and how did recipient qualify? |
| Click here to type recipient's name | Name of Award and how did recipient qualify? |

b. List scholarships awarded during 2017; include recipient and qualification for scholarship.

|                         |   |
|-------------------------|---|
| Scholarship Name/Amount | Recipient Name and how did recipient qualify? |
| Scholarship Name/Amount | Recipient Name and how did recipient qualify? |
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| Scholarship Name/Amount | Recipient Name and how did recipient qualify? |
| Scholarship Name/Amount | Recipient Name and how did recipient qualify? |
| Scholarship Name/Amount | Recipient Name and how did recipient qualify? |
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| Scholarship Name/Amount | Recipient Name and how did recipient qualify? |

#### 5. Web Communication

*Please be sure to keep the IAFP office on your mailing list for newsletters, E-mail, and other communications to your general membership.*

Please provide your existing Affiliate's Web site address AND date last updated:  
[www.acafoodprotection.org](http://www.acafoodprotection.org) – last updated: December 2017

Did you launch a new Affiliate Web site in 2017? Y x N

**Attachment A (completion required)**

**Association Officers List**

Provide the contact information requested below for all current officers of your Association. **Please indicate if each officer is an IAFP Member (reminder: Your President and Delegate are required to be IAFP Members).** The information you provide here is published on our Web site and in select membership materials. The information may be typed in the fields below or may be sent to our office by E-mail, fax or regular mail.

Indicate the term dates (e.g., 2017–2018) for your current Executive Board:  
May 2017 – May 2018

President  
Joseph Odumero  
31 Pacific Place  
Guelph, Ontario, Canada N1G4R5  
(519) 763-7595  
jodumeru@uoguelph.ca

4009 Kenwood Ave  
Gurnee, IL USA  
(847) 336-0302  
pkennedy@qualityflow.com  
IAFP Member? Y  X  N

IAFP Member? Y  X  N

Treasurer  
Charles Muyanja  
Lweza B. Plot 2005 Kajansi Entebbe Rd  
Kyadondo, Wakiso District  
Kampala, Uganda  
256772577708 / 756911357  
ckmuyanja@gmail.com

Secretary  
Moustapha Oke  
165 Terraview Crescent Unit 89  
Guelph, Ontario, Canada N1G5G9  
(519) 803-4979  
moustapha\_o@hotmail.com  
IAFP Member? Y  X  N

IAFP Member? Y  X  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
E-mail address  
IAFP Member? Y  X  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
E-mail address  
IAFP Member? Y  X  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
E-mail address  
IAFP Member? Y  X  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
E-mail address  
IAFP Member? Y  X  N

Vice President  
Peter Kennedy

*Before continuing, please check one of the boxes below:*

CHECK HERE and return electronically by 2/13/18 IF YOUR AFFILIATE REQUESTS TO BE CONSIDERED FOR ONE OR MORE 2018 AFFILIATE AWARDS. (You are required to complete Attachment B.)

CHECK HERE IF YOUR AFFILIATE DOES NOT WANT TO BE CONSIDERED FOR A 2018 AWARD. (You are done! It is not necessary to complete Attachment B.)