



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.

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.

Arizona Health and Environmental Association

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

Name of official Delegate to IAFP Affiliate Council Steven Wille

Address 1 15023 N. 75th St.

Address 2

City, State ZIP Country Scottsdale, Arizona 85260 United States of America

Phone Number (480) 483-4703 X203

E-mail address SWille@mail.maricopa.gov

IAFP Member? Y N

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

Name of official Contact for IAFP Correspondence Same

Address 1

Address 2

City, State ZIP Country

Phone Number

E-mail address

IAFP Member? Y N

2. Membership List

- a. Indicate the current total number of members in your Association: 71
- b. How many NEW members joined your Association in 2017? 11
- 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.

Arizona Environmental Health Association 2017 Conference (March 8-9, 2017)

103 Attendees

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

March 7-8, 2018 at Arizona State University's College of Nursing and Health Innovation (550 N 3rd Street in Phoenix)

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

Name of Meeting	Date(s) Held & # of Attendees
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?
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?
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:

<http://www.azeha.org/>

Last updated 01/12/18

Did you launch a new Affiliate Web site in 2017? Y 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:
2016-2018

Officer Title President
Officer Name Steven Wille
Address 1 15023 N. 75th St
Address 2
City, State ZIP Country Scottsdale, AZ
85260 United States of America
Phone Number (480) 483-4703 X203
E-mail address
swille@mail.maricopa.gov
IAFP Member? Y N

Officer Title Past President
Officer Name Michelle Chester
Address 1 1001 N Central Ave. Ste. 300
Address 2
City, State ZIP Country Phoenix, AZ
85004 United States of America
Phone Number (602) 506-6745
E-mail address
mchester@mail.maricopa.gov
IAFP Member? Y N

Officer Title Secretary
Officer Name Danny Chhun
Address 1 16140 N. Arrowhead
Fountains Center Drive, Ste. 105
Address 2
City, State ZIP Country Peoria, AZ
85382 United States of America
Phone Number (602) 541-1905
E-mail address
dannychhun@mail.maricopa.gov
IAFP Member? Y N

Officer Title Board Member at Large
Officer Name Michael Britt
Address 1 1001 N Central Ave
Address 2
City, State ZIP Country Phoenix, AZ
85004 United States of America
Phone Number (602) 372- 3036
E-mail address
mbritt@mail.maricopa.gov
IAFP Member? Y N

Officer Title President Elect
Officer Name Cheri Dale
Address 1 1001 N Central Ave. Ste. 125
Address 2
City, State ZIP Country Phoenix, AZ
85004 United States of America
Phone Number (602) 506-3476
E-mail address
cheridale@mail.maricopa.gov
IAFP Member? Y N

Officer Title Treasurer
Officer Name Norman Barnett
Address 1 1688 W Adams
Address 2
City, State ZIP Country Phoenix, AZ
85353 United States of America
Phone Number (602) 542-0978
E-mail address
norman.barnett@frysfood.com
IAFP Member? Y N

Officer Title Board Member at Large
Officer Name Veronica Oros
Address 1 451 E. University Drive
Address 2
City, State ZIP Country Tempe, AZ
85287 United States of America
Phone Number (480) 965-6853
E-mail address veronica.oros@asu.edu
IAFP Member? Y N

Officer Title Board Member at Large
Officer Name Matthew Hall
Address 1 1951 W. Baseline Rd.
Address 2
City, State ZIP Country Mesa, AZ 85202
United States of America
Phone Number (303) 912-2086
E-mail address
Matthew.Hall@albertsons.com
IAFP Member? Y N

Officer Title Board Member at Large
Officer Name Jennifer Podulka
Address 1 15023 N. 75th Street
Address 2
City, State ZIP Country Scottsdale, AZ
85260 United States of America
Phone Number (602) 526-6155
E-mail address
jpodulka@mail.maricopa.gov
IAFP Member? Y N