



International Association for  
**Food Protection**®

## Affiliate Annual Report for Calendar Year 2018

*(Complete Attachment B to be considered for one or more 2019 Affiliate Awards.)*

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

Please return the following items **electronically** by **Tuesday, February 12, 2019 (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 now accepts **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. To avoid errors and omissions, please limit your submission to ONE email with all attachments.*
- Digital photos (with names and descriptions) to appear in the *Affiliate View* quarterly newsletter.

African Continental Association for Food Protection  
 Affiliate Name

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

*Provide the information requested for your Association's current official Delegate to the IAFP Affiliate Council and official Contact for IAFP correspondence. (Delegate must be an IAFP Member.)*

**Official Delegate to IAFP Affiliate Council**

Delegate Name	Peter Kennedy
Address 1	Quality Flow, Inc.
Address 2	3691 Commercial Ave
City, State ZIP Country	Northbrook, Illinois 60062 USA
Phone Number	1-847-291-7674 x204
E-mail address	pkennedy@qualityflow.com
IAFP Member? Y or N	Yes.

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

Contact Name	SAME
Address 1	
Address 2	
City, State ZIP Country	
Phone Number	
E-mail address	
IAFP Member? Y or N	

**2. Membership**

- a. Indicate the current total number of members in your Association: 54
- b. How many NEW members joined your Association in 2018? 5
- c. Mail, fax or email your current membership list. Include name, title, complete address, phone number, fax number, and email 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.

Our meetings are held at the IAFP Annual Conference 24 people were present

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

Our meetings are held at the IAFP Annual Conference

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- c. List all other general membership meetings held in 2018 (excluding board meetings). Include title, dates and attendance numbers.

Name of Meeting	Date(s) Held	Number of Attendees
Monthly meeting...	1 <sup>st</sup> Friday of ea. month	4 on average

#### 4. Awards and Scholarships

a. List members who were honored with an award from your Association and/or IAFP during 2018. Include name of award and qualification for award.

Award Name	Recipient Name	How did recipient qualify for award?
N/A		

b. List scholarships awarded during 2018; include recipient and qualification for scholarship.

Scholarship Name/Amount	Recipient Name	How did recipient qualify for scholarship?
N/A	N/A	

#### 5. Web Communication

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

Please provide your existing Affiliate's website address AND date last updated:

www.acafoodprotection.org last updated Dec. 2018

Did you launch a new Affiliate website in 2018?    Yes     No

## 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 is published on our website and in select membership materials. The information may be typed in the fields below, or sent to our office by email, fax or regular mail.

Indicate the term dates (e.g., 2018–2019) for your current Executive Board: 2018-  
2019

Officer Title	President
Name	Dr. Joseph Odumeru, Ph.D.
Address 1	31 Pacific Place
Address 2	
City, State ZIP Country	Guelph, Ontario Canada, N1G4R5
Phone Number	1-416-235-5747
E-mail address	jodumeru@uoguelph.ca
IAFP Member? Y or N	Yes

Officer Title	V.P.
Name	Peter Kennedy
Address 1	3691 Commercial Ave
Address 2	
City, State ZIP Country	Northbrook, IL 60062 USA
Phone Number	1-847-291-7674 x204
E-mail address	pkennedy@qualityflow.com
IAFP Member? Y or N	Yes

Officer Title	Secretary
Name	Dr. Moustapha, Oke Ph.D.
Address 1	165 Terraview Crescent Unit: 89
Address 2	
City, State ZIP Country	Guelph, Ontario Canada, N1G 5G9
Phone Number	
E-mail address	Moustapha_o@hotmail.com
IAFP Member? Y or N	Yes

Officer Title	Treasurer
Name	Dr. Charles Muyangja
Address 1	Lweza B. Plot 2005 Kajansi, Entebbe Road, Kyadondo, Wakiso District
Address 2	
City, State ZIP Country	Kampala, Kampala Uganda
Phone Number	+256-756-911-357
E-mail address	ckmuyangja@gmail.com
IAFP Member? Y or N	Yes

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

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

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

Before continuing, please check one of the boxes below:

CHECK HERE AND RETURN ELECTRONICALLY BY 2/12/19 IF YOUR AFFILIATE REQUESTS TO BE CONSIDERED FOR ONE OR MORE 2019 AFFILIATE AWARDS. (You are required to complete Attachment B.)

CHECK HERE IF YOUR AFFILIATE DOES NOT WANT TO BE CONSIDERED FOR A 2019 AFFILIATE AWARD. (You are done! It is not necessary to complete Attachment