



**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.

Iowa 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	Lynne Melchert
Address 1	117 Culver Rd NE
Address 2	
City, State ZIP Country	Appleton IA 52237
Phone Number	563-599-2394
E-mail address	lmelchert@prairieforms.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: paid \_\_\_\_\_
- b. How many NEW members joined your Association in 2018? \_\_\_\_\_
- 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.

October 9, 2018

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

October 8, 2019

Quality Inn + Suites  
Ames IA

- 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

#### 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?
Marle P. Baker	Vicky Sakau	Pictures sent via-email
Past President	Terry Hopper	

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

Scholarship Name/Amount	Recipient Name	How did recipient qualify for scholarship?
Late Date		

#### 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:

\_\_\_\_\_ n/a \_\_\_\_\_

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	See Attached Sheet
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	
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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 B.)