



International Association for
Food Protection®

Affiliate Annual Report for Calendar Year 2019

(Complete Attachment B to be considered for one or more 2020 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.

Please return the following items **electronically** by **Tuesday, February 11, 2020** (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.

SD Environmental Health Association

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	LuAnn Ford
Address 1	521 N Main Ave.
Address 2	
City, State ZIP Country	Sioux Falls SD 57104
Phone Number	605-367-8760
E-mail address	lford@siouxfalls.org
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: 12
- b. How many NEW members joined your Association in 2019? 0
- 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.

June 6th 2019 with all 12 members attending

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

Nothing scheduled at this time

- c. List all other general membership meetings held in 2019 (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 2019. Include name of award and qualification for award.

Award Name	Recipient Name	How did recipient qualify for award?

b. List scholarships awarded during 2019; include recipient and qualification for scholarship.

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

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:

SDEHA.org updated/created 1/2020

Did you launch a new Affiliate website in 2019? 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., 2019–2020) for your current Executive Board: _____

Officer Title	Officers to be decided at next meeting
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	