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.

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.

Minnesota Food Protection 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
Carrie Rigdon
MN Dept of Agriculture
625 Robert St N
St. Paul, MN 55155
651-201-6453
carrie.rigdon@state.mn.us
IAFP Member? Y ☒ N ☐
Official Contact for IAFP Correspondence (indicate “same” if person also serves as Delegate)
Rick Stokes
655 Lone Oak Rd
Eagan MN 55121
651-795-6950
Rick.stokes@ecolab.com
IAFP Member? Y ☒ N ☐

2. Membership List

a. Indicate the current total number of members in your Association: 217
b. How many NEW members joined your Association in 2018? 100
c. 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.
Annual Meeting, November 6, 2018, 42 attendees.

b. Please provide the date(s) and location of your next scheduled major meeting (i.e., Annual Meeting/Conference):
Annual Meeting, Fall 2019

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

<table>
<thead>
<tr>
<th>Name of Meeting</th>
<th>Date(s) Held &amp; # of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Meeting</td>
<td>Date(s) Held &amp; # of Attendees</td>
</tr>
<tr>
<td>Name of Meeting</td>
<td>Date(s) Held &amp; # of Attendees</td>
</tr>
<tr>
<td>Name of Meeting</td>
<td>Date(s) Held &amp; # of Attendees</td>
</tr>
</tbody>
</table>
4. Awards and Scholarships

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

<table>
<thead>
<tr>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to type recipient's name</td>
<td>Name of Award and how did recipient qualify?</td>
</tr>
<tr>
<td>Click here to type recipient's name</td>
<td>Name of Award and how did recipient qualify?</td>
</tr>
<tr>
<td>Click here to type recipient's name</td>
<td>Name of Award and how did recipient qualify?</td>
</tr>
<tr>
<td>Click here to type recipient's name</td>
<td>Name of Award and how did recipient qualify?</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarship Name/Amount</td>
<td>Recipient Name and how did recipient qualify?</td>
</tr>
<tr>
<td>Scholarship Name/Amount</td>
<td>Recipient Name and how did recipient qualify?</td>
</tr>
<tr>
<td>Scholarship Name/Amount</td>
<td>Recipient Name and how did recipient qualify?</td>
</tr>
<tr>
<td>Scholarship Name/Amount</td>
<td>Recipient Name and how did recipient qualify?</td>
</tr>
<tr>
<td>Scholarship Name/Amount</td>
<td>Recipient Name and how did recipient qualify?</td>
</tr>
<tr>
<td>Scholarship Name/Amount</td>
<td>Recipient Name and how did recipient qualify?</td>
</tr>
<tr>
<td>Scholarship Name/Amount</td>
<td>Recipient Name and how did recipient qualify?</td>
</tr>
</tbody>
</table>

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 Web site address **AND** date last updated:  
http://www.minnesotafpa.org/ last update, 01/25/2019

Did you launch a **new** Affiliate Web site in 2018?  

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 website and in select membership materials. The information may be typed in the fields below or may be 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

President
David Baumler
225 Food Science and Nutrition
1334 Eckles Ave
St. Paul MN 55108
612-624-3086
dbaumler@umn.edu
IAFP Member? Y ☒ N ☐

Vice President
Gregory Danzeisen
MDA Laboratory Services
601 Robert St N
St. Paul MN 55155
651-201-6662
gregory.danzeisen@state.mn.us
IAFP Member? Y ☒ N ☐

Secretary
Rick Stokes
655 Lone Oak Rd
Eagan MN 55121
651-795-6950
Rick.stokes@ecolab.com
IAFP Member? Y ☒ N ☐

Past President
Kelly Stevens
Address 1
Address 2
City, State ZIP Country
Phone Number
Kelly.Stevens@genmills.com
IAFP Member? Y ☒ N ☐

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