



Affiliate Annual Report for Calendar Year 2024

(Complete Attachment B to be considered for one or more 2025 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, March 4, 2025** (late reports will not be considered for awards):

REQUIRED:

- ☐ This completed form (*in English*).
- ☐ 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.

Name of Affiliate

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

President
Jared Matte
301 W Jefferson St., Ste 910
Phoenix, AZ 85003
(602) 723-7061
jared.matte@maricopa.gov
IAFP Member? Y ☒ N ☐

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

Cristy Zarate

2650 W. Geronimo Place

Chandler, AZ 85224

480-496-1710

czarate@bashas.com

IAFP Member? Y ☐ N ☒

2. Membership List

- a. Indicate the current total number of members in your Association: 193
- b. How many NEW members joined your Association in 2024? 63

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.
2024 AZEHA Annual Spring Conference March 6-7, 2024. We had a total of 202 attendees including speakers, board, volunteers and virtual.
- b. Please provide the date(s) and location of your next scheduled major meeting (i.e., Annual Meeting/Conference):
NEHA Annual Educational Conference July 14-17, 2025. Phoenix Convention Center 100 North Third Street Phoenix Arizona 85004.
- c. List all other general membership meetings held in 2024 (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 2024. Include name of award and qualification for award.

John Marcello	The John Marcello Beacon of Light 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?

b. List scholarships awarded during 2024; 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?
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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, email, and other communications to your general membership.

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

www.azeha.org

Last updated January 2025 with minor updates.

Did you launch a new Affiliate Web site in 2024? 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., 2024–2025) for your current Executive Board:
2023 -2024

President
Jared Matte
301 W Jefferson St., Ste 910
Phoenix, AZ 85003
(602) 723-7061
jared.matte@maricopa.gov
IAFP Member? Y ☒ N ☐

Past President
Andres Martin
Maricopa County
301 W. Jefferson, Suite 170
Phoenix, AZ 85003
(602) 526-6148
andres.martin@maricopa.gov
IAFP Member? Y ☐ N ☒

President Elect
Andy Linton
Maricopa County
301 W. Jefferson, Suite 170
Phoenix, AZ 85003
(602) 550-0840
Andy.Linton@maricopa.gov
IAFP Member? Y ☐ N ☒

Treasurer
Mike Britt
480-965-6853
michael.britt@asu.edu
IAFP Member? Y ☐ N ☒

Secretary
Cristy Zarate
2650 W. Geronimo Place
Chandler, AZ 85224
480-496-1710
czarate@bashas.com
IAFP Member? Y ☐ N ☒

Member at Large
Jackie Ward
Maricopa County Department of Public Health
4041 N. Central Ave Suite 600
Phoenix, AZ 85012
(602) 372-2602
jackie.ward@maricopa.gov
IAFP Member? Y ☐ N ☒

Member at Large
Kory Skelton
150 N 18th Ave.
Phoenix, AZ 85007
(480) 761-6836
kory.skelton@azdhs.gov
IAFP Member? Y ☐ N ☒

Member at Large
Chelsey Mc Cluskey
1221 E Ruth Avenue
Phoenix, AZ 85020
(602) 748-5680
Chelsey.Mccluskey@phoenix.gov
IAFP Member? Y ☐ N ☒

Member at Large
Venessa Zarate
3950 S Country Club Rd Ste 2301
Tucson, Arizona 85714
(520) 724-7908
Venessa.Zarate@pima.gov
IAFP Member? Y ☐ N ☒

Before continuing, please check one of the boxes below:

☐ **CHECK HERE and return electronically by 3/4/25 IF YOUR AFFILIATE REQUESTS TO BE CONSIDERED FOR ONE OR MORE 2025 AFFILIATE AWARDS. (You are required to complete Attachment B.)**

☒ **CHECK HERE IF YOUR AFFILIATE DOES NOT WANT TO BE CONSIDERED FOR A 2025 AWARD. (You are done! It is not necessary to complete Attachment B.)**