International Association for Food Protection®

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.

SD Environmental Health 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

Dominic Miller
521 N Main Ave
Sioux Falls, SD 57104
605-367-8760
Dominic.Miller@Siouxfalls.gov
IAFP Member? Y ☒ N ☐

<u>Official Contact for IAFP Correspondence</u> (indicate "same" if person also serves as Delegate)
Same Person
IAFP Member? Y ☐ N ☐

2. Membership List

a. Indicate the current total number of members in your Association: 11
b. How many NEW members joined your Association in 2024? 0

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.
May 1st, 2024 with 13 people attending.

b. Please provide the date(s) and location of your next scheduled major meeting (i.e., Annual Meeting/Conference):
Nothing scheduled for 2025 as of today.

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.

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?
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?
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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:
SDEHA.org

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:
Board Members TBD

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

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

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Phone Number
Email address
IAFP Member? Y ☐ N ☐

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

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