



International Association for  
**Food Protection®**

## **Affiliate Annual Report for Calendar Year 2025**

*(Complete Attachment B to be considered for one or more 2026 Affiliate Awards.)*

To maintain compliance with IAFP Constitution and Bylaws, Affiliates must return this completed report. Please send by email to Susan Smith at:

Please return the following items **electronically** by **Tuesday, March 3, 2026** (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 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**

Lynne Melchert

117 Culver Rd NE

Hopkinton, IA 52237

563-599-2394

lmelchert@prairiefarms.com

IAFP Member? Y ☒ N ☐

**Official Contact for IAFP Correspondence (indicate "same" if person also serves as Delegate)**

**SAME**

Name of official Contact for IAFP Correspondence

Address 1

Address 2

City, State ZIP Country

Phone Number

E-mail address

IAFP Member? Y ☒ N ☐

**2. Membership List**

- a. Indicate the current total number of members in your Association: 54
- b. How many NEW members joined your Association in 2025? 7

**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 15, 2025 Annual Conference, 31 attendees

b. Please provide the date(s) and location of your next scheduled major meeting (i.e., Annual Meeting/Conference):  
HAS NOT BEEN DETERMINED

c. List all other general membership meetings held in 2025 (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 2025. Include name of award and qualification for award.

|                                     |                                              |
|-------------------------------------|----------------------------------------------|
| DENNIS MURPHY                       | MERLE P. BAKER 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 2025; include recipient and qualification for scholarship.

|                        |                                               |
|------------------------|-----------------------------------------------|
| Scholarship Name/Award | Recipient Name and how did recipient qualify? |
| Scholarship Name/Award | Recipient Name and how did recipient qualify? |
| Scholarship Name/Award | Recipient Name and how did recipient qualify? |
| Scholarship Name/Award | Recipient Name and how did recipient qualify? |
| Scholarship Name/Award | Recipient Name and how did recipient qualify? |
| Scholarship Name/Award | Recipient Name and how did recipient qualify? |
| Scholarship Name/Award | Recipient Name and how did recipient qualify? |
| Scholarship Name/Award | 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:

Enter Web address here AND last update

Did you launch a new Affiliate Web site in 2025? 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., 2025–2026) for your current Executive Board:  
2025 - 2026

#### President

Ben Moetsch

515-250-6418

benjamin.moetsch@iowaagriculture.gov

IAFP Member? Y ☒ N ☐

#### Vice-President Pro Tem

Wade Brunsman

563-513-6580

wadeb@wapsievalley.com

IAFP Member? Y ☒ N ☐

#### First-Vice President

Teresa Pratt

515-250-8059

teresa.pratt@iowaagriculture.gov

IAFP Member? Y ☒ N ☐

#### Second Vice President

Jessica Knebel

515-250-6371

jessica.knebel@iowaagriculture.gov

IAFP Member? Y ☒ N ☐

#### Secretary/Treasurer

Lynne Melchert

563-599-2394

lmelchert@prairiefarms.com

IAFP Member? Y ☒ N ☐

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 ☐

Officer Title

Officer Name

Address 1

Address 2

City, State ZIP Country

Phone Number

Email address

IAFP Member? Y ☐ N ☐

***Before continuing, please check one of the boxes below:***

☐ **CHECK HERE and return electronically by 3/3/26 IF YOUR AFFILIATE REQUESTS TO BE CONSIDERED FOR ONE OR MORE 2026 AFFILIATE AWARDS. (You are required to complete Attachment B.)**

☒ **CHECK HERE IF YOUR AFFILIATE DOES NOT WANT TO BE CONSIDERED FOR A 2026 AWARD. (You are done! It is not necessary to complete Attachment B.)**