



MEMBERSHIP APPLICATION

Prefix (Prof. Dr. Mr. Ms.)

First Name _____ M.I. _____ Last Name _____

Company _____ Job Title _____

Mailing Address _____

Please specify: Home Work

City _____ State or Province _____

Postal Code/Zip + 4 _____ Country _____

Telephone # _____ Fax # _____

E-Mail _____

IAFP occasionally provides Members' addresses (excluding phone and E-mail) to vendors supplying products and services for the food safety industry. If you prefer NOT to be included in these lists, please check the box.

MEMBERSHIPS

US Canada/Mexico International

IAFP Membership \$ 55.00 \$ 55.00 \$ 55.00

(Member dues are based on a 12-month period and includes the *IAFP Report* and *Food Protection Trends* online)

Optional Benefits:

<input type="checkbox"/> <i>Food Protection Trends</i> —Print Edition	Add \$ 60.00	\$ 75.00	\$ 90.00
<input type="checkbox"/> <i>Journal of Food Protection</i> —Print Edition	Add \$ 150.00	\$ 185.00	\$ 220.00
<input type="checkbox"/> <i>Journal of Food Protection</i> Online	Add \$ 45.00	\$ 45.00	\$ 45.00
<input type="checkbox"/> All Optional Benefits – BEST VALUE!	Add \$ 200.00	\$ 250.00	\$ 300.00

Student Membership* \$ 27.50 \$ 27.50 \$ 27.50

(Student dues are based on a 12-month period and includes the *IAFP Report* and *Food Protection Trends* online)

Optional Benefits:

<input type="checkbox"/> Student Membership with <i>FPT</i> —Print Edition	Add \$ 30.00	\$ 45.00	\$ 60.00
<input type="checkbox"/> Student Membership with <i>JFP</i> —Print Edition	Add \$ 75.00	\$ 110.00	\$ 145.00
<input type="checkbox"/> Student Membership with <i>JFP</i> Online	Add \$ 22.50	\$ 22.50	\$ 22.50
<input type="checkbox"/> All Optional Benefits – BEST VALUE!	Add \$ 100.00	\$ 150.00	\$ 200.00

*Full-time student verification required

SUSTAINING MEMBERSHIPS

Recognition for your organization and many other benefits.

<input type="checkbox"/> GOLD	\$5,000.00
<input type="checkbox"/> SILVER	\$2,500.00
<input type="checkbox"/> SUSTAINING	\$ 750.00

Contact the IAFP office for more information on the Sustaining Membership Program.

Payment must be enclosed for order to be processed • US FUNDS on US BANK

Check Enclosed Visa Mastercard American Express Discover TOTAL MEMBERSHIP PAYMENT \$ _____

CREDIT CARD # _____

CARD ID #* _____ EXP. DATE _____

SIGNATURE _____

All prices include shipping and handling
Prices effective through August 31, 2019

* Visa, Mastercard and Discover: See 3-digit Card ID number on the back of the card after account number.
American Express: See 4-digit, non-embossed number printed above your account number on the face of your card.



International Association for
Food Protection

4 EASY WAYS TO JOIN

PHONE

+1 800.369.6337;
+1 515.276.3344

FAX

+1 515.276.8655

MAIL

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Des Moines, IA 50322-2864, USA

WEB SITE

www.foodprotection.org