



MEMBERSHIP APPLICATION

Prefix: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.

First Name (as it will appear on your name badge)

M.I.

Last Name

Company

Job Title

Mailing Address – Please specify: ☐ Home ☐ Work

City

State/Province

Postal/Zip Code

Country

Telephone#

Email

☐ IAFP occasionally provides Members' addresses (excluding phone and email) 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.

Employment Type – Check One: ☐ Industry ☐ Government ☐ Education

MEMBERSHIPS

Membership dues are determined by the country where you reside. The World Bank classifies each country into one of four tiers based on [gross national income per capita](#).

	HIGH INCOME	UPPER-MIDDLE INCOME	LOWER-MIDDLE INCOME	LOW INCOME
<input type="checkbox"/> IAFP Membership	\$80.00	\$40.00	\$20.00	\$10.00
<input type="checkbox"/> Student Membership*	\$40.00	\$20.00	\$10.00	\$5.00

Member dues are based on a 12-month period. *Full-time student verification required.

OPTIONAL BENEFITS

<input type="checkbox"/>	\$60.00 (United States)
<input type="checkbox"/> Food Protection Trends Print Edition – Member	\$75.00 (Canada/Mexico)
	\$90.00 (International)

IAFP Membership Cancellation Policy: Membership fees are nonrefundable.
NOTICE: Modifications to payment method or status change WILL INCUR a \$25 processing fee.

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.**

☐ VISA ☐ Mastercard ☐ American Express ☐ Discover ☐ Check Enclosed—US Funds on US Bank

Credit Card # _____

Card ID #* _____ Exp. Date _____

Signature _____

Total Membership Fee \$ _____

All prices include shipping and handling.
Prices effective through August 31, 2025.

*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.

COMPLETE FORM AND RETURN BY:

EMAIL: info@foodprotection.org

PHONE: +1 515.276.3344 FAX: +1 515.276.8655

MAIL: 2900 100th Street, Suite 309, Des Moines, IA 50322-3855, USA



International Association for
Food Protection®

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