



Association of Food Industries, Inc.

3301 Route 66 • Suite 205, Bldg. C • Neptune, NJ 07753

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www.afius.org • info@afius.org

FOREIGN SUPPLIER MEMBERSHIP APPLICATION & ENROLLMENT IN AFI'S FDA REGISTRATION PROGRAM

Firm Name _____ Contact _____

Address _____ Title _____

City, Country, Postal Code _____ Year Business Was Established _____

Telephone No. _____ Fax _____ E-mail _____

Type of Company _____

Principal Products _____

Names of U.S. Companies with whom you have done business in the past two years: _____

Bank Reference: _____ Referred by _____

Please submit a company brochure or letter describing your company's business activities in the U.S. This application and accompanying materials will be submitted for approval to the Board of Directors at its next quarterly meeting.

REGISTRATION

Our firm would like AFI to act as its agent for registration with the U.S. Food and Drug Administration with regard to the Bioterrorism Preparedness and Response Act of 2002: Yes No

Our firm is aware that:

- It is responsible for providing accurate information for AFI to submit to FDA. AFI shares no liability for inaccurate data submitted by our firm.
- Any changes to registration information must be submitted to AFI within 10 days.
- Failure to pay the annual dues fee will result in termination of this agreement.
- It must adhere to AFI policies and standards of conduct.
- Either party may terminate this agreement by providing written notice. Termination will take place 30 days after receipt of such notice.

I agree our company will abide by the requirements of membership as stated in the association's bylaws.

Signature of Corporate Officer _____ Date _____

DUES

One Year: \$645* Two Years: \$1225* (save 5%) Three Years: \$1838* (save 10%)

*Includes one facility; each additional facility is \$150 per year.

Check enclosed, drawn on a U.S. bank, payable to: Association of Food Industries, Inc.

Credit Card Payment Options: American Express Visa MasterCard

Name On Credit Card: _____ Amt. To Charge: _____

Credit Card Number: _____ Exp: _____ CVV: _____

Billing Address Of Cardholder: _____

_____ City _____ St _____ Zip _____

Wire transfer: If you wish to pay via wire transfer, please contact the AFI office for account information.

Mail completed application to: Association of Food Industries, Inc., 3301 Route 66, Suite 205, Bldg. C, Neptune, NJ 07753
Fax to: 732-922-3590, or e-mail to info@afius.org.