



METROPOLITAN ASSOCIATION FOR FOOD PROTECTION

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**PLEASE NOTE
CHANGE IN
ADDRESS**

2008 MEMBERSHIP APPLICATION

Name: _____

Employer: _____

Title: _____

Mailing Address (address at which you wish to receive MAFP mailings):

Telephone Number (Day): _____ Fax Number: _____

E-mail Address: _____

Type of Membership:

Individual (\$25/year; \$12.50 after July 1)

Student (\$10/year)

Sustaining (\$100/year). Sustaining memberships include one individual membership.

**Please make check or
purchase order
payable to MAFP and
mail to the address
above.**

Please indicate if you are willing to help the MAFP Executive Board in planning seminars, writing newsletter articles, or other similar duties.

Yes, I am willing to help. Please contact me.

ALL MEMBERSHIPS EXPIRE 12-31-08

RESEARCH SANITATION ENVIRONMENT PRODUCTION QUALITY CONTROL

Affiliate of the International Association for Food Protection