

MEMBERSHIP APPLICATION

I do hereby make application for membership in the NORTH FLORIDA FROZEN & REFRIGERATED FOOD ASSOCIATION. I understand that this application is subject to approval by the Board of Directors, and if accepted, I agree to abide by the rules and regulations as set forth in the Constitution and By Laws of the North Florida Frozen Food Association.

A remittance of _____ N/A _____ is enclosed for _____ New _____ Membership dues to run from May 1, 2015 through April 30, 2016. I understand that I will be invoiced on an annual basis for subsequent membership years based on the membership fee as set forth by the Board of Directors at the time.

I understand that memberships are not transferrable without prior approval of the Board of Directors.

**MEMBERSHIP DUES: 1 member \$200.00 - Each additional member \$100.00
maximum – six voting members per organization**

Signature _____ Date: _____

please print or type the following information

Prospective Member(s) Name: _____

Company _____ Business Phone _____

Fax Number: _____ Email address _____

Mailing Address: (Street) _____ (zip code) _____ City _____

(P. O. Box) _____ (zip code) _____ City _____

Product Lines: _____

Please Check Committees You Will Serve On:

March & October Frozen Food Events: _____ June-July Dairy Month/December Dairy Event: _____

October Golf Outing: _____ Publicity/Public Relations/Penguin Book(s): _____ Finance: _____

Kick-Off Dinner: _____ Membership & Attendance: _____ Scholarship Fund: _____

Send Membership Application & dues to:
NORTH FLORIDA FROZEN & REFRIGERATED FOOD ASSOCIATION
2719 Brandybuck Trail, Jacksonville, Fl. 32223