

## MEMBERSHIP APPLICATION FORM

**Company:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Membership Levels are based on annual sales.**

**Annual Sales**

**Membership Level:**

- |  |            |
|--|------------|
| <input type="checkbox"/> > \$1Billion turnover | \$32,000 * |
| <input type="checkbox"/> > \$100M              | \$20,000   |
| <input type="checkbox"/> > \$ 50M              | \$10,000   |
| <input type="checkbox"/> < \$ 50M              | \$ 4,000   |

*\* Companies with a revenue of >\$1 billion, but whose food business sector is less than \$1 billion (proven through documentation, e.g. annual report) may become a member at the lower rate of the \$100 million level, but not lower.*

**Please indicate the area(s) of particular interest to your company:**

- \_\_\_\_\_ Food Processing and Packaging
- \_\_\_\_\_ Chemical Constituents and Allergens
- \_\_\_\_\_ Microbiology
- \_\_\_\_\_ Nutrition Research & Health Promoting Foods
- \_\_\_\_\_ Proficiency Testing
- \_\_\_\_\_ Process Control and Validation

**Additional Areas or Projects of Interest:**

\_\_\_\_\_

\_\_\_\_\_

**Authorized Officer:**

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Name	Title	Phone	Fax	Email
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Signature

**Primary Technical Contact(s):**

1.

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Name	Title	Phone	Fax	Email
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2.

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Name	Title	Phone	Fax	Email
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**Individuals to be included on IFSH mailing list:**

1.

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Name	Title	Phone	Fax	Email
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2.

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Name	Title	Phone	Fax	Email
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3.

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Name	Title	Phone	Fax	Email
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**Individuals to receive IFSH newsletters and member information materials:**

1.

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Name	Title	Phone	Fax	Email
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2.

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Name	Title	Phone	Fax	Email
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3.

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Name	Title	Phone	Fax	Email
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**Please return this form to:**

**Institute for Food Safety and Health**  
Attn: Armand Paradis, Director Business Development  
6502 South Archer Road  
Summit-Argo, IL 60501  
Tel: 708.563.8175  
Fax: 708.563.1873  
Email: [aparadi2@iit.edu](mailto:aparadi2@iit.edu)