



NORTH CENTRAL ASSOCIATION OF FOOD AND DRUG OFFICIALS

MEMBERSHIP APPLICATION (Please Print)

Name:		
Title:		
Organization:		
Address:**		
City:	State/Province:	Zip Code:
Phone (including extension):	Fax:	
E-Mail Address:		
** Note: Please use the address, phone, fax and e-mail where you wish to receive NCAFDO communications.		
<input type="checkbox"/> Check here and note any information you do not want to appear in membership databases.		

PLEASE CHECK MEMBERSHIP CATEGORY and DUES

	REGULAR MEMBER <u>Government Employee</u>	ASSOCIATE MEMBER <u>Industry or Academia Employee</u>	SUPPORTING MEMBER <u>Retired or Student</u>
1 Year:	<input type="checkbox"/> \$ 20	<input type="checkbox"/> \$ 35	<input type="checkbox"/> \$ 10
5 Years:	<input type="checkbox"/> \$ 90	<input type="checkbox"/> \$155	<input type="checkbox"/> \$ 45
10 Years:	<input type="checkbox"/> \$170	<input type="checkbox"/> \$300	<input type="checkbox"/> \$ 85
Life:	<input type="checkbox"/> \$400	<input type="checkbox"/> \$700	<input type="checkbox"/> \$200

FEDERAL I.D. NO: 38-2560815

Check made payable to NCAFDO in U.S. Funds enclosed

Please charge my VISA MasterCard American Express

If Billing Address is same as above please check here

Card Number _____ Exp. Date _____

Signature _____

Billing Address _____

City _____ State _____ Zip _____

For Office Use Only:

Date Paid: _____

Initials: _____

Check No: _____

RETURN APPLICATION AND REMITTANCE TO: Suzanne Kidder, NCAFDO Secretary
Michigan Department of Agriculture
350 Ottawa, N.W. - Unit #1
Grand Rapids, MI 49503-2341

"Partners for Protection"