**Association of Food Industries, Inc.**

3301 Route 66 • Suite 205, Bldg. C • Neptune, NJ 07753
732-922-3008 • Fax 732-922-3590
www.afius.org • info@afius.org

## MEMBERSHIP APPLICATION

Firm Name _____     Representative _____

Address _____     Title _____

City, State, Zip _____     Signature _____

Telephone No. _____     Date of Application_____

Fax No. _____     Year Business Was Established _____

E-mail Address _____     Type of Business _____

Principal Products Handled: _____

_____

Names of U.S. companies with whom you have done business: _____

Referred by _____

Bank Reference: _____     Address: _____

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

Please submit a company brochure, or a letter, that describes your firm.

### SCHEDULE OF ANNUAL DUES
(Please check your classification)

| Import/Export Agents | | Importers, Exporters | |
|---|---|---|---|
| ☐ Sales less than $2,000,000 | $1160.00 | ☐ Sales less than $1,000,000 | $1160.00 |
| ☐ Sales $ 2,000,000 to $ 5,000,000 | $1510.00 | ☐ Sales $ 1,000,000 to $ 3,000,000 | $1510.00 |
| ☐ Sales $ 5,000,001 to $10,000,000 | $1735.00 | ☐ Sales $ 3,000,001 to $ 5,000,000 | $1735.00 |
| ☐ Sales $10,000,001 to $20,000,000 | $1960.00 | ☐ Sales $ 5,000,001 to $10,000,000 | $2065.00 |
| ☐ Sales Over $20,000,000 | $2155.00 | ☐ Sales $10,000,001 to $20,000,000 | $2535.00 |
| | | ☐ Sales Over $20,000,000 | $3020.00 |

Make check payable to Association of Food Industries and mail to:

    Association of Food Industries
    3301 Route 66
    Suite 205, Bldg. C
    Neptune, NJ 07753

N.B.  This application will be submitted for approval to the Board of Directors at its next quarterly meeting.

Credit Card Payment Options:     ☐  VISA         ☐  MASTER CARD         ☐  AMERICAN EXPRESS

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

Credit Card Number: _____ Exp:_____ CVV:_____

Billing Address Of Cardholder:_____

_____ City_____ St_____ Zip_____