

# RFA MEMBERSHIP APPLICATION FORM

To join the RFA, please fill out the following form and mail or fax it along with payment to the Refrigerated Foods Association at the address listed below. Or, you can **apply online at [www.refrigeratedfoods.org/application.html](http://www.refrigeratedfoods.org/application.html)**.

## COMPANY INFORMATION

Official Contact (Name and Title): \_\_\_\_\_

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

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

City/State/Zip/Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

What type of products do you manufacture/supply? \_\_\_\_\_

Who referred you to the RFA? \_\_\_\_\_

Do you want to be included in the Technical E-Mail List?  Yes  No      On the General Listserv?  Yes  No

**Additional Contacts** (Please list additional persons you wish to receive RFA information and mailings):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Include on Technical E-Mail List?  Yes  No      Include on the General Listserv?  Yes  No

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Include on Technical E-Mail List?  Yes  No      Include on the General Listserv?  Yes  No

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Include on Technical E-Mail List?  Yes  No      Include on the General Listserv?  Yes  No

## MEMBERSHIP CATEGORY

Please see the front side of this form for definitions and dues structures for all RFA Membership Categories.

Please check:  Manufacturing Membership

Affiliate Membership

Associate Membership

Academic Membership

## PAYMENT INFORMATION

Annual Dues are payable upon joining.

Amount Enclosed: \$ \_\_\_\_\_

Method of Payment:  Check  Credit Card (see below)

Credit Card:  Visa  Mastercard  American Express  Discover

Card #: \_\_\_\_\_ Card Security Code/CVV: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Billing Information (Must match credit card): Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## PLEASE RETURN COMPLETED APPLICATION FORM TO:

Refrigerated Foods Association • 2971 Flowers Road South • Suite 266 • Atlanta, Georgia 30341  
Phone: (770) 452-0660 • Fax: (770) 455-3879 • Email: [info@refrigeratedfoods.org](mailto:info@refrigeratedfoods.org) • [www.refrigeratedfoods.org](http://www.refrigeratedfoods.org)