



California Chapter Association of Correctional Food Service Affiliates

*The California Chapter has scheduled a Chapter Meeting and
Training Seminar, and You're invited!!!*

Thursday, February 4, 2010

San Bernardino County Sheriff's Department
West Valley Detention Center
9500 Etiwanda Ave.
Rancho Cucamonga CA 91739

AGENDA:

0800-0900- Continental Breakfast/Networking
0900-1100- Training Seminar "Religious Diets"
1100-1230- Buffet Luncheon- Chapter Meeting & Networking
1300- Facility Tour and Static Displays

Contact Person at West Valley Detention Center
Ron Baldwin, Food Service Supervisor
San Bernardino County Sheriff's Department

Ph. 909-463-5148

Fax. 909-463-5120

Cell 951-312-9684

rbaldwin@sbcasd.org

Directions

From South: I-15 North to 4th Street Exit, Left at traffic light past second traffic light. Entrance to facility is on the left and discreetly identified. Follow entrance and bear to the right, park in visitor parking.

From Los Angeles: I-10 East to I-15 North, Then follow as above.

From East: I-10 West to I-15 North, Then follow as above.

If you get lost you can call Ron Baldwin at 951-312-9684 and he will assist you.



ACFSA MEMBERSHIP APPLICATION

Simply fill out this Application and forward with dues to ACFSA Headquarters.
(Check, Money Order, Visa, MasterCard, American Express)

Name _____

Title _____

Facility/Organization _____

Phone _____ FAX _____

Email Address _____

Directory Address _____

Preferred Mailing Address (if different from above) _____

Preferred Billing Address (if different from above) _____

Recruited By _____

Employed by (for Food Service Professional Active and Institutional Members only):

Federal State/Prov. County Private Other _____

ACFSA ANNUAL MEMBERSHIP DUES (IN U.S. FUNDS) Check box of Member Type Below

** Depending on the month you join ACFSA, your dues may be prorated. Dues for members joining after March of the current Calendar year will include the remainder of the current Calendar Year AND the following FULL Calendar Year.
Example: If joining in June of 2009, Dues will be paid through December of 2010*

Member Type Check One	January-March	April-June	July-September	October-December
<input type="checkbox"/> Food Service Professional	\$79	*\$139	*\$119	*\$99
<input type="checkbox"/> Institutional	\$144	*\$252	*\$216	*\$180
<input type="checkbox"/> Retired	\$39	*\$69	*\$59	*\$49
<input type="checkbox"/> Professional Partner	\$384	*\$672	*\$576	*\$480
<input type="checkbox"/> Associate Professional Partner	\$119	*\$208	*\$179	*\$149
<input type="checkbox"/> Chapter Professional Partner	\$169	*\$296	*\$254	*\$211

Total Amount Due \$ _____

Check Enclosed (Made Payable to ACFSA) Check # _____ Money Order Enclosed

Credit Card Payment: VISA MasterCard American Express

Cardholder's Name _____

Card Number _____ Exp. Date _____

Billing Address _____

V-Code _____ V-Code is the 3 Digit Code on the back of Visa and M/C or the 4 Digit Code on the front of AmEx

Authorized Signature _____

PLEASE SEND COMPLETED APPLICATION WITH PAYMENT TO:

ACFSA, 210 N. Glenoaks Blvd., SUITE C, Burbank, CA 91502

Credit Card Payments May be FAXED to (818)843-7423 ● **Questions? Call (818)843-6608**

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