



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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