



# ACFSA MEMBERSHIP APPLICATION

To begin receiving the benefits of Membership in The Association of Correctional Food Service Affiliates, simply fill out this application and forward with dues to ACFSA Headquarters Office.

Name \_\_\_\_\_

Title \_\_\_\_\_

Facility/Organization \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Directory Address \_\_\_\_\_

Preferred Mailing address \_\_\_\_\_  
(If different from Directory Address)

Preferred Billing Address \_\_\_\_\_  
(If different from Directory Address)

Recruited by \_\_\_\_\_

Employed by (For Food Service Professional Active and Institutional Members Only):

Federal     State/Prov.     County     Private     Other \_\_\_\_\_

## **ACFSA MEMBERSHIP DUES (IN U.S. FUNDS) Check box for Member Type below**

\* Depending on the month you join ACFSA, your dues may be prorated. Dues are paid annually. 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 2019, Dues will be paid through December of 2020

Member Type - Check One	January-March	April-June	July-September	October-December
<input type="checkbox"/> <b>Food Service Professional</b>	<b>\$79</b>	<b>*\$139</b>	<b>*\$119</b>	<b>*\$99</b>
<input type="checkbox"/> <b>Institutional</b>	<b>\$134</b>	<b>*\$236</b>	<b>*\$202</b>	<b>*\$168</b>
<input type="checkbox"/> <b>Retired</b>	<b>\$34</b>	<b>*\$60</b>	<b>*\$51</b>	<b>*\$43</b>
<input type="checkbox"/> <b>Student</b>	<b>\$34</b>	<b>*\$60</b>	<b>*\$51</b>	<b>*\$43</b>
<input type="checkbox"/> <b>Professional Partner</b>	<b>\$384</b>	<b>*\$672</b>	<b>*\$576</b>	<b>*\$480</b>
<input type="checkbox"/> <b>Associate Professional Partner</b>	<b>\$109</b>	<b>*\$190</b>	<b>*\$163</b>	<b>*\$136</b>
<input type="checkbox"/> <b>Chapter Professional Partner</b>	<b>\$159</b>	<b>*\$279</b>	<b>*\$239</b>	<b>*\$199</b>

**Total Amount Due \$** \_\_\_\_\_

Check Enclosed (Made Payable to ACFSA) Check # \_\_\_\_\_

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 MasterCard and the 4 Digit Code on the front of AmEx

Authorized Signature \_\_\_\_\_

### **PLEASE SEND COMPLETED APPLICATION WITH PAYMENT TO:**

ACFSA, P.O. Box 10065, Burbank, CA 91510

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

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