



NEW JERSEY ASSOCIATION FOR FOOD PROTECTION

NJAFP
P.O. Box 175
Trenton, NJ 08601
(908) 386-6332

info@njfoodprotection.org
www.njfoodprotection.org

MEMBERSHIP APPLICATION

Name: _____

Employer: _____

Title: _____

Mailing Address: _____

Telephone Number (Day): _____ Fax Number: _____

E-mail Address (our newsletters will be sent to the e-mail address you provide here):

Please choose one membership category:

- Individual \$35 (\$25 after July 1)
- Student \$20
- Sustaining \$120 (Sustaining memberships include one individual membership.)

Please note new address and contact info above.

Checks or purchase orders must be payable to NJAFP and mailed to the address above.

ALL MEMBERSHIPS EXPIRE December 31st

NJAFP Use Only

Payment _____ Date _____

RESEARCH

SANITATION

ENVIRONMENT

PRODUCTION

QUALITY CONTROL

Affiliate of the International Association for Food Protection