



# APPLICATION FOR MEMBERSHIP

Company: *(Legal Name)* \_\_\_\_\_

D.B.A.: *(If Applicable)* \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

\_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

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

Web Site: \_\_\_\_\_

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

Date Established: \_\_\_\_\_

Organized as:            Proprietorship            Partnership            Corporation            Other: \_\_\_\_\_

Name(s) of Officer(s) or Principal(s): \_\_\_\_\_

\_\_\_\_\_

Is your business engaged in the processing of Dried Fruits, Tree Nuts, or Kindred Products? \_\_\_\_\_

Please give a brief description of your company: \_\_\_\_\_

\_\_\_\_\_

If accepted as an American Council for Food Safety & Quality / DFA of California member, we hereby agree to all conditions of membership as specified in the DFA of California bylaws.

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

Print Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail application with initiation fee payment of \$7500 to 710 Striker Avenue, Sacramento, CA 95834.