

AMERICAN COUNCIL FOR FOOD SAFETY & QUALITY
DFA OF CALIFORNIA
APPLICATION FOR ASSOCIATE MEMBERSHIP

Applicant's Statement: I hereby apply for associate membership in DFA of California ("DFA"), a California nonprofit mutual benefit corporation. An associate member is defined as a person involved in post-harvest activities in the dried fruit, tree nut or kindred products industries who does not qualify as a regular member of the association. I understand that an associate member is a nonvoting member of DFA who is not eligible to sit on the Board of Directors ("Board").

I certify that I am qualified for associate membership in DFA. I acknowledge that I will be invoiced \$400 for the initiation fee, which includes my first year's dues. Subsequent to the first year, annual dues will be \$300 per year or such other amount as the Board shall set from time-to-time. I agree to abide by the articles of incorporation and by-laws of DFA, now and hereafter in effect, copies of which have been provided to me. However, I understand that certain privileges afforded to regular members will not be available to me (or will not be available at the member rate), including but not limited to laboratory services, sanitation inspections, Red Seal Certificates and arbitration.

After my membership has been in effect for one year from the date of its acceptance by DFA, either DFA or I may terminate membership by providing written notice to the other party. If neither party notifies the other, the membership shall be deemed to be renewed for another year upon payment of the annual dues.

Applicant's Name _____

Company Name _____

Address _____

Telephone _____ Fax _____

Email _____ Web Site _____

Activities and involvement in the dried fruit, tree nut and kindred products industries:

Date _____ Applicant Signature _____

Acceptance: This certifies that _____ is accepted as an associate member of DFA upon signature by the President and Secretary below and is entitled to the rights and privileges of associate membership.

Date _____ President Signature _____

Date _____ Secretary Signature _____

Please mail or fax to: DFA of California, 710 Striker Avenue, Sacramento, CA 95834; 916-561-5910 Fax