

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

Company: *(Legal Name)* _____

DBA: *(If Applicable)* _____

Contact Name: _____

Address: _____

Telephone: _____

Fax: _____

Web Site: _____

Email: _____

Organized as: Proprietorship Partnership Corporation Other

Names of Officers (If Corporation) or Principals:

Is your business engaged in the processing of dried fruit, tree nuts or kindred products?

Yes No

Please give a brief description of your company:

If accepted as a DFA of California member, we hereby agree to all conditions of membership as specified in the DFA of California bylaws.

Authorized Signature: _____

Print Name and Title: _____

Date: _____