

**MEMBERSHIP APPLICATION  
(Please Print)**

<b>Name:</b>		
<b>Title:</b>		
<b>Organization:</b>		
<b>Address:**</b>		
<b>City:</b>	<b>State/Province:</b>	<b>Zip Code:</b>
<b>Phone (including extension):</b>	<b>Fax:</b>	
<b>E-Mail Address:</b>		
<b>** Note:</b> Please use the address, phone, fax and e-mail where you wish to receive NCAFD communications.		
<input type="checkbox"/> Check here and note any information you do not want to appear in membership databases.		

**PLEASE CHECK MEMBERSHIP CATEGORY and DUES**

<u>REGULAR MEMBER</u> <u>Government Employee</u>	<u>ASSOCIATE MEMBER</u> <u>Industry or Academia</u> <u>Employee</u>	<u>SUPPORTING MEMBER</u> <u>Retired or Student</u>
1 Year: <input type="checkbox"/> \$ 20	<input type="checkbox"/> \$ 35	<input type="checkbox"/> \$ 10
5 Years: <input type="checkbox"/> \$ 90	<input type="checkbox"/> \$ 155	<input type="checkbox"/> \$ 45
10 Years: <input type="checkbox"/> \$ 170	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$ 85
Life: <input type="checkbox"/> \$ 400	<input type="checkbox"/> \$ 700	<input type="checkbox"/> \$ 200

FEDERAL I.D. NO: 38-2560815

Check made payable to NCAFD in U.S. Funds enclosed

Please charge my VISA  MasterCard

If Billing Address is same as above please check here

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<b>For Office Use Only:</b>
Date Paid: _____
Initials: _____
Check No: _____

**RETURN APPLICATION AND REMITTANCE TO:**

**Lowell Lufkin (NCAFD Secretary)**

Ohio Department of Food Safety  
Division of Food Safety  
8995 East Main Street  
Reynoldsburg, OH 43068

Telephone: 614-728-6250  
Telephone: 800-282-1955  
Fax: 614-644-0720

or by email to: [lufkin@agri.ohio.gov](mailto:lufkin@agri.ohio.gov)

**“Partners for Protection”**