

# Membership application



NAME (FIRST/LAST) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ HOME FAX ( ) \_\_\_\_\_

MOBILE PHONE ( ) \_\_\_\_\_ IM \_\_\_\_\_

HOME E-MAIL \_\_\_\_\_

BIRTHDAY (MONTH/DAY) \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME OF SPOUSE \_\_\_\_\_

COMPANY/EMPLOYER \_\_\_\_\_

YOUR TITLE/OCCUPATION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE ( ) \_\_\_\_\_ BUSINESS FAX ( ) \_\_\_\_\_

BUSINESS E-MAIL \_\_\_\_\_

BRIEF DESCRIPTION OF BUSINESS \_\_\_\_\_

INTRODUCED OR RECOMMENDED BY (MUST BE A MEMBER) \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Dues payment of \$110.00 for food and beverage professionals, or \$220.00 for allied members, must accompany this application. Check payable to The Food and Beverage Association. This application is subject to approval or disapproval by the Membership Committee.

PAYMENT METHOD  CHECK - PLEASE CHARGE MY:  AMEX CARD  VISA  MASTERCARD  
Name of Card member: \_\_\_\_\_  
Address Card Member: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Card No. \_\_\_\_\_ Exp. \_\_\_\_\_ Signature: \_\_\_\_\_

For your convenience, if a credit card is used, you may fax your application to +1 212 504 9536

Or mail to: Food and Beverage Association of America - 111 East 14<sup>th</sup> Street, Suite 390, New York, NY 10003

FOR OFFICE USE: APPLICATION RECEIVED \_\_\_\_\_ APPLICANT NOTIFIED \_\_\_\_\_

APPROVED:  YES  NO COMMENT: \_\_\_\_\_

CK  AMEX  VISA  MC  OUTLOOK: \_\_\_\_/\_\_\_\_/\_\_\_\_ QUICKBOOK \_\_\_\_/\_\_\_\_/\_\_\_\_