

APPLICATION FORM

Date: _____

Texas Food Processors Association, Inc.

Membership Type:

- \$300 Corporate Processor \$300 Associate \$300 Affiliate
 \$100 Additional membership

TFPA Scholarship Foundation Donation:

- Yes, I would like to make a contribution of \$_____ to the TFPA Scholarship Foundation a 501(c)(3) non-profit organization.

Up to 4 persons are included in the corporate, associate and affiliate memberships.

Company Website

Name email

Name email

Name email

Name email

Address (this is where all materials will be sent)

City State Zip

Recommended by

I or we hereby apply for membership in the TFPA. I or we agree to cooperate in every way possible to uphold the Constitution and By-Laws of the Association.
Method of Payment: Check MC Visa Am. Exp

Card No. Exp. Date

Exact Name on Card

Authorized Signature

Mail application with check or fax credit card application to:

TFPA
Attn: Cindy Wise
P.O. Box 341
College Station, TX 77841
Office 979-846-3285
Fax 979-846-1752
email: cindy@tfpa.org