



# ASSOCIATE MEMBER APPLICATION

Please complete this form and submit with payment to:

Unit 12 - 59 Scurfield Blvd, Winnipeg, MB R3Y 1V2

(204) 982-MFPA (6372)

Fax: (204) 632-5143

www.mfpa.mb.ca

GST #: 895510139

Associate Membership applies to organizations who provide materials and / or services to the food processing industry. Associate Members do not have voting status. If you are a food processor, please see the MFPA Full Member Application Form at www.mfpa.mb.ca.

<b>GENERAL INFO</b>	<b>COMPANY NAME</b>		
	<b>ADDRESS</b>		
	<b>CITY</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>
	<b>TELEPHONE</b>	<b>FAX</b>	<b>WEBSITE</b>

<b>PRODUCT / SERVICE</b>	<b>Product / Service Category (please check all that apply):</b>		
	<input type="checkbox"/> Accountants	<input type="checkbox"/> Food Ingredients & Additives	<input type="checkbox"/> Market Research
	<input type="checkbox"/> Advertising / Marketing / Branding	<input type="checkbox"/> Food Retailers	<input type="checkbox"/> Media
	<input type="checkbox"/> Business Resource Centres	<input type="checkbox"/> Foodservice Distributors	<input type="checkbox"/> Occupational Health
	<input type="checkbox"/> Cold Storage	<input type="checkbox"/> Government Department / Agency	<input type="checkbox"/> Office Supplies
	<input type="checkbox"/> Consultants	<input type="checkbox"/> Hospitality Industry	<input type="checkbox"/> Packaging / Container
<input type="checkbox"/> Customs Brokerage / Freight Forwarding	<input type="checkbox"/> HR Services	<input type="checkbox"/> Printing	
<input type="checkbox"/> Design Companies	<input type="checkbox"/> Industrial Gases	<input type="checkbox"/> Process Equipment & Supplies	
<input type="checkbox"/> Education & Training	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Promotional Products / Sales	
<input type="checkbox"/> Energy / Utility Companies	<input type="checkbox"/> Insurance	<input type="checkbox"/> Recycling / Waste	
<input type="checkbox"/> Engineers & Planners	<input type="checkbox"/> Internet Applications	<input type="checkbox"/> Restaurant / Café	
<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/> Investigation Services	<input type="checkbox"/> Sanitation & Supplies	
<input type="checkbox"/> Financial & Benefits Advisors	<input type="checkbox"/> Label Suppliers	<input type="checkbox"/> Trade & Marketing Associations	
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Laboratory Services	<input type="checkbox"/> Warehousing/Distribution/Trucking	
<input type="checkbox"/> Food Bank	<input type="checkbox"/> Law Firms	<input type="checkbox"/> Other: _____	
Total Number of Employees: _____			
Brand Name(s): _____			

<b>PROFILE</b>	<b>Please provide a brief description of your organization as you would like it to appear in the MFPA directories (50 words or less).</b>
	_____
	_____
	_____
	_____
	_____

<b>OTHER INFO</b>	<b>The MFPA offers a number of opportunities for Associate Members to promote their products / services, meet other Members and participate in training events. To ensure you receive information on upcoming activities, please indicate which of the following areas your organization would be interested in.</b>	
	<input type="checkbox"/> Providing information sessions about your products / services	<input type="checkbox"/> Participating in trade shows
	<input type="checkbox"/> Attending training sessions, seminars and workshops	<input type="checkbox"/> Contributing articles to the MFPA newsletters
	<input type="checkbox"/> Sponsoring MFPA programs and events	<input type="checkbox"/> Hosting MFPA meetings or events
	<input type="checkbox"/> Displaying / distributing promotional materials at MFPA events	<input type="checkbox"/> Networking opportunities
	<input type="checkbox"/> Advertising in MFPA publications (print and electronic)	<input type="checkbox"/> Promoting discount offers to Members

<b>MAIN CONTACT</b>	<b>Please provide the following main contact information (this is the contact that will be used for directories and referrals) and check off the preferred method of contact.</b>		
	<b>NAME</b>		<b>TITLE</b>
	<b>ADDRESS (IF DIFFERENT FROM GENERAL ADDRESS)</b>		
	<b>CITY</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>
<b>TELEPHONE</b> <input type="checkbox"/>	<b>FAX</b>	<b>EMAIL</b> <input type="checkbox"/>	

<b>OTHER CONTACTS</b>	<b>If there are other individuals the MFPA should contact for specific events and services, please provide their contact information below and check off their preferred method of contact.</b>						
	<b>NAME</b>		<b>TELEPHONE</b> <input type="checkbox"/>				
	<b>TITLE</b>		<b>EMAIL</b> <input type="checkbox"/>				
	<b>Areas:</b>		Training <input type="checkbox"/>	Sales & Marketing <input type="checkbox"/>	Health & Safety <input type="checkbox"/>	Media Relations <input type="checkbox"/>	Human Resources <input type="checkbox"/>
<b>NAME</b>		<b>TELEPHONE</b> <input type="checkbox"/>					
<b>TITLE</b>		<b>EMAIL</b> <input type="checkbox"/>					
<b>Areas:</b>		Training <input type="checkbox"/>	Sales & Marketing <input type="checkbox"/>	Health & Safety <input type="checkbox"/>	Media Relations <input type="checkbox"/>	Human Resources <input type="checkbox"/>	

<b>PAYMENT INFORMATION</b>	<b>RATE</b>		
	<b>Associate Membership - Annual Fee of \$446.25 (includes \$21.25 GST)</b>		
	<b>BILLING</b>		
	<b>CONTACT (IF DIFFERENT FROM MAIN CONTACT)</b>		<b>TITLE</b>
	<b>ADDRESS (IF DIFFERENT FROM GENERAL ADDRESS)</b>		
	<b>CITY</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>
	<b>TELEPHONE</b>	<b>FAX</b>	<b>EMAIL</b>
<b>METHOD OF PAYMENT</b>			
<input type="checkbox"/> <b>Cheque Enclosed</b> <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>MasterCard</b>			
<b>Card Number</b>		<b>Name on Card</b>	
<b>Expiry Date</b>		<b>Signature</b>	

**Thank you for your interest in the MFPA. Once we have processed your application, you will receive your New Member Kit by mail and your website user name and password by email. If you have any questions, please call (204) 982-6372 for assistance.**