

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 membership.

Company Website

Name email

Name email

Name email

Name email

Address (this is where all materials will be sent)

State Zip City

PHONE _____ FAX _____

Recommended by _____

Brief description of your company's goods, services, etc: _____

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
979-218-4943
Fax 1-979-217-8843
email: cindy@tfpa.org