



SUPPLIER MEMBERSHIP FORM

MEMBERSHIP DUES: \$500.00/YEAR

Dues entitle your company to all AFMA member benefits.

Visit www.afmaaz.org for more details.

PAYMENT: We accept checks and credit cards.

To pay by card please call (602) 252-9761

Make checks payable to:

AFMA

120 E. Pierce St.

Phoenix, AZ 85004

The following information will be used for your listing in the Arizona Food Industry Database.

The contact name should be the representative you wish to be listed in this public directory.

***All fields are required in order to fully process your membership.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Email: _____

Authorized Signature: _____ Date: _____

Please check the (ONE) box next to the category that best describes your business:

<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Eggs	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Snacks
<input type="checkbox"/>	Beer, Wine, Spirits	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	Marketing Agency	<input type="checkbox"/>	Store Supplies
<input type="checkbox"/>	Beverages	<input type="checkbox"/>	Exterminators	<input type="checkbox"/>	Meat	<input type="checkbox"/>	Tobacco
<input type="checkbox"/>	Candy	<input type="checkbox"/>	Financial Services	<input type="checkbox"/>	Media	<input type="checkbox"/>	Utilities
<input type="checkbox"/>	Dairy & Ice Cream	<input type="checkbox"/>	Food Banks	<input type="checkbox"/>	Produce	<input type="checkbox"/>	Warehouse/Storage
<input type="checkbox"/>	Deli	<input type="checkbox"/>	General Merchandise	<input type="checkbox"/>	Regulatory Agency	<input type="checkbox"/>	Wholesaler
<input type="checkbox"/>	Demos	<input type="checkbox"/>	Groceries	<input type="checkbox"/>	Resources	<input type="checkbox"/>	Other (describe below)
<input type="checkbox"/>	Distributor	<input type="checkbox"/>	Health & Beauty Aids	<input type="checkbox"/>	Services	<input type="checkbox"/>	