



**Membership Application for
Wisconsin Association for Food Protection
WAFP**

Name: _____

Address: _____ home work

City: _____

State: _____

Zip: _____

Employer: _____ (for retirees, please list former employer)

Position (title): _____

Phone: _____

Email: _____ (required)

Membership Type:

Regular membership \$10

Retired No Charge

Full-time Student Membership No Charge

University _____ Target Graduation Date _____

Department _____ Advisor _____

Send completed application with \$10.00 membership fee to:

WAFP

P.O. Box 329

Sun Prairie, WI 53590-0329

Membership Benefits Include:

- Affiliation with a local professional Organization
- Reduced registration fee at the annual conference and educational workshops
- Scholarship program for dependents
- Quarterly Newsletter
- WAFP is an affiliate of the International Association for Food Protection
 - For more information go to www.foodprotection.org