



*We Feed You*

2024-2025

# AFFILIATE MEMBERSHIP APPLICATION

## APPLICANT DATA

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Main Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Website: \_\_\_\_\_

## PROCESSING METHODS & PRODUCTS

**Below, describe the company's commercial processing or manufacturing of processed food products.**

Method: (canning, freezing, cooling, dehydration, baked, fresch cut, etc.)

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Food Products/Groups: (fruits, vegetables, dairy, bakery, seafood, beverage, specialty, etc.)

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## SIGNATURE

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Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**By signature above, applicant agrees to comply with any and all bylaws, policies and requirements as set forth by Food Northwest's Board of Directors.**

## YOUR INFORMATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***Submit completed  
application to:***

**Mail: Food Northwest  
C/O Kirsten Ringen  
8338 NE Alderwood Rd Suite 160  
Portland, OR 97220**

**Email: Kirsten Ringen  
Kirsten@foodnw.org**

## YOUR COMPANY'S PRINCIPAL ASSOCIATION CONTACT

*Fill this out if the contact is someone other than you.*

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Other company contacts to be listed in Food Northwest's Directory?*

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*All contacts listed will receive The Bite and Education emails once or twice a month.*

PARENT/AFFILIATE COMPANIES

With which your firm is connected, either by common ownership or management.

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Operations: \_\_\_\_\_

Number of Employees: \_\_\_\_\_