



We Feed You



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, fresh cut, etc.)

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

SIGNATURE

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: _____

List in Food Northwest's Directory?

Receive the weekly Capitol Insider during legislative session?

Other company contacts

Name: _____

Title: _____ Email: _____

Physical Address: _____

City, State, Zip Code _____

Phone: _____ Cell Phone: _____

List in Food Northwest's Directory?

Receive the weekly Capitol Insider during legislative session?

All contacts listed will receive The Bite, and Education emails once or twice a month. Capitol Insider is sent out weekly during legislative session. Please check box for the contact who would like to receive them.

Name: _____

Title: _____ Email: _____

Physical Address: _____

City, State, Zip Code _____

Phone: _____ Cell Phone: _____

List in Food Northwest's Directory?

Receive the weekly Capitol Insider during legislative session?

Name: _____

Title: _____ Email: _____

Physical Address: _____

City, State, Zip Code _____

Phone: _____ Cell Phone: _____

List in Food Northwest's Directory?

Receive the weekly Capitol Insider during legislative session?

Name: _____

Title: _____ Email: _____

Physical Address: _____

City, State, Zip Code _____

Phone: _____ Cell Phone: _____

List in Food Northwest's Directory?

Receive the weekly Capitol Insider during legislative session?

PARENT/AFFILIATE COMPANIES

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

Location: _____

Phone: _____

Type of Operations: _____

Number of Employees: _____