

Application for Membership

Organization/Company Name: _____ Date _____

Contact name(s): _____ Phone: _____

_____ Phone: _____

Position/Title: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Email: _____ Fax: _____

Please describe the resources and activities of your organization that can help to support the SSAFE mission (feel free to use additional sheets as necessary):

Please indicate membership level: (all dues are annual, in \$ U.S.)

Members (Voting Rights)

- Corporation-\$25,000
- Academic Institution-\$15,000
- Non-Governmental Organization-\$10,000

Collaborators (Observers without Voting Rights)

Intergovernmental and governmental agencies, academic institutions, and professional or trade organizations will be included in SSAFE activities on the basis of their interest and expertise. While Collaborators may contribute funds to specific projects, they are not required to pay annual dues.

Do not include membership dues with this application. You will be invoiced later.

Send completed application to:

Gary L. Ades, Ph.D.
SSAFE Secretariat
1030 15th Street NW, Suite 650 West
Washington, DC 20005
E-mail: gades@ssafe-food.org