

MEMBERSHIP APPLICATION
SOUTHEASTERN FOOD PROCESSORS ASSOCIATION
P.O. Box 620777; Oviedo, FL 32762; Phone (407)365-5661; Fax

Name _____ Title _____

Company _____

Street Address _____ Post Office Box _____

City _____ State _____ Zip _____

Bus. Telephone () _____ Fax () _____ E-mail _____

Principal Products: _____

Who referred you to SFPA? _____

Check for Dues is attached: (\$500) PROCESSOR (\$500) SUPPLIER/VENDOR

Signature _____ Date _____