

ASSOCIATED NEW YORK STATE FOOD PROCESSORS, INC.

**150 State Street, Suite 400
Rochester, New York 14614
(585) 256-4614
www.nyfoodprocessors.org**

Date _____

We hereby wish to apply for Associated New York State Food Processors, Inc. Membership. The membership rate is \$400.00 for the year of membership. The Associated New York State Food Processors offers many networking events, educational programs that are available for your company to attend.

Firm Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (please include area code) _____

Fax _____

E-Mail _____

Your Name _____

Your Title _____

User Name for access to on-line Directory _____

Password for access to on-line Directory _____

Recommended by _____

Please tell us briefly the type of business in which your company is engaged:

This application must be accompanied by your check to cover your 2016 dues.
Please make check payable to: Associated N.Y.S. Food Processors.
Please feel free to contact me with any questions that you may have:
Michele Hefferon 585-256-4614, Michele.Hefferon@greaterrochesterchamber.com