



**ASSOCIATED NEW YORK STATE FOOD PROCESSORS, INC.**

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

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 membership 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](mailto:Michele.Hefferon@greaterrochesterchamber.com)