

Northeast Dairy Foods Association, Inc. Application for Membership



Desiring to become affiliated with Northeast Dairy Foods Association, Inc., I hereby make application for membership and agree to support the By-laws of same and to keep inviolate the following "Membership Pledge".

MEMBERSHIP APPLICATION PLEDGE

"We the undersigned, as members of the Northeast Dairy Foods Association, Inc., hereby pledge ourselves to abide by the By-laws of said Association and to lend our moral and financial support to the work of this Association.

We also agree to cooperate to the fullest extent possible within the authorized policies and positions of our company with the officers of this Association in furthering the policies and projects of the organization.

We pledge ourselves to advance and cherish the highest ideals of the dairy industry, to advance and stabilize it and to guard, protect and promote the general interests of such dairy industry in the Northeast United States.

We agree to use our influence and efforts to secure better laws for the dairy industry and we agree to help the Regulatory Authorities in all reasonable and fair policies and plans that they may try to enforce. Should any member violate their membership pledge they shall upon being found guilty of such violation forfeit their membership in this Association and notice of such fact shall be sent to each member of the Association".

AUTHORIZATION

I hereby authorize the Executive Vice President of Northeast Dairy Foods Association, Inc., to obtain when directed, from the recognized Department of Agriculture in our state, the number of pounds of milk and other dairy products handled by me during the year, and for each succeeding year. Or, if our company does not hold a State Milk dealers' or Frozen Dessert Manufacturer's license, agree to abide by the formula for computing dues based on an approved formula by the Association's Board of Directors. It is understood that this information will be used solely for determining where applicable the amount of my dues as established by the Board of Directors of the Northeast Dairy Foods Association, Inc. and will be treated as confidential information.

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

MAIN CONTACT NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

MONTHLY DUES FOR THIS MEMBER WILL BE: \$ _____ Per month

EFFECTIVE DATE: _____

Signature for Northeast Dairy Foods Association, Inc. _____
Ozzie Orsillo, Executive Vice President

The following information will be included in our annual membership directory.

TYPE OF BUSINESS (processor/distributor/retailer-milk/ice cream/cheese etc. please describe)

BUSINESS TERRITORY _____

YEAR BUSINESS FOUNDED _____ # OF EMPLOYEES _____

WEB PAGE ADDRESS: _____

MAIN CONTACT EMAIL ADDRESS: _____

This will be kept confidential and for communications directly with you from our office.

OTHER KEY PERSONNEL & TITLE(S) who you would like to receive our association communications

1. _____ Email _____
2. _____ Email _____
3. _____ Email _____
4. _____ Email _____
5. _____ Email _____

THANK YOU!

Please make a copy and send original by mail, email or fax to:

Ozzie Orsillo, Northeast Dairy Foods Association, Inc., 427 South Main Street, N. Syracuse, NY 13212-2863

Phone: (315) 452-6455

Fax: (315) 452-1643

Website: www.nedairyfoods.org

Email: info@nedairyfoods.org