



Membership Form 10/1/21 - 9/30/23

State Name:

Agency Name:

--	--

Mailing Address:

--

City:

Zip:

--	--

Primary Contact:

Phone:

Email:

--	--	--

<p>State Agency Membership Type: (2-year membership)</p>	<p><input type="checkbox"/> Institutional \$400.00 (includes unlimited # of members, please designate 10 with voting rights)</p> <p><input type="checkbox"/> Individual \$80.00</p>
---	---

Name:		<p>Committee Interest(s): <input type="checkbox"/> Member Services <input type="checkbox"/> Legislative <input type="checkbox"/> Financial <input type="checkbox"/> Conference Planning <input type="checkbox"/> Nominating Voting Rights Y/N</p>
Phone:		
Email:		

Name:		<p>Committee Interest(s): <input type="checkbox"/> Member Services <input type="checkbox"/> Legislative <input type="checkbox"/> Financial <input type="checkbox"/> Conference Planning <input type="checkbox"/> Nominating Voting Rights Y/N</p>
Phone:		
Email:		

Name:		<p>Committee Interest(s): <input type="checkbox"/> Member Services <input type="checkbox"/> Legislative <input type="checkbox"/> Financial <input type="checkbox"/> Conference Planning <input type="checkbox"/> Nominating Voting Rights Y/N</p>
Phone:		
Email:		

Name:		<p>Committee Interest(s): <input type="checkbox"/> Member Services <input type="checkbox"/> Legislative <input type="checkbox"/> Financial <input type="checkbox"/> Conference Planning <input type="checkbox"/> Nominating Voting Rights Y/N</p>
Phone:		
Email:		

Name:		Committee Interest(s): <input type="checkbox"/> Member Services <input type="checkbox"/> Legislative <input type="checkbox"/> Financial <input type="checkbox"/> Conference Planning <input type="checkbox"/> Nominating Voting Rights Y/N
Phone:		
Email:		

Name:		Committee Interest(s): <input type="checkbox"/> Member Services <input type="checkbox"/> Legislative <input type="checkbox"/> Financial <input type="checkbox"/> Conference Planning <input type="checkbox"/> Nominating Voting Rights Y/N
Phone:		
Email:		

Name:		Committee Interest(s): <input type="checkbox"/> Member Services <input type="checkbox"/> Legislative <input type="checkbox"/> Financial <input type="checkbox"/> Conference Planning <input type="checkbox"/> Nominating Voting Rights Y/N
Phone:		
Email:		

Name:		Committee Interest(s): <input type="checkbox"/> Member Services <input type="checkbox"/> Legislative <input type="checkbox"/> Financial <input type="checkbox"/> Conference Planning <input type="checkbox"/> Nominating Voting Rights Y/N
Phone:		
Email:		

Name:		Committee Interest(s): <input type="checkbox"/> Member Services <input type="checkbox"/> Legislative <input type="checkbox"/> Financial <input type="checkbox"/> Conference Planning <input type="checkbox"/> Nominating Voting Rights Y/N
Phone:		
Email:		

Name:		Committee Interest(s): <input type="checkbox"/> Member Services <input type="checkbox"/> Legislative <input type="checkbox"/> Financial <input type="checkbox"/> Conference Planning <input type="checkbox"/> Nominating Voting Rights Y/N
Phone:		
Email:		

Please fill out form completely, with a check or money order payable to:
CACFP National Professional Association
FEIN: 45-0440145

Send form and check/money order to:
NYS DOH DON Child & Adult Care Food Program
ATTN: Tiquana Whitbeck
150 Broadway, Suite 600
Albany, NY 12204

Additional forms are available on the website: www.cacfpnpa.org