

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

State Name:		Agency Name:
Mailing Address:		
City:		Zip:
Primary Contact:	Phone:	Email:
State Agency Member (2-year member	pership Type: (include	tional \$400.00 es unlimited $\#$ of members, please designate 10 with voting rights) ual \$80.00
Name:		Committee Interest(s): Member Services Legislative Financial
Phone:		☐ Member Services ☐ Legislative ☐ Financial ☐ Conference Planning ☐ Nominating
Email:		Voting Rights Y/N
Name:		Committee Interest(s): Member Services Legislative Financial
Phone:		Conference Planning Nominating
Email:		Voting Rights Y/N
Name:		Committee Interest(s):
Phone:		☐ Member Services ☐ Legislative ☐ Financial
Email:		Conference Planning Nominating Voting Rights Y/N
		Tomas Tugato 1711
Name:		Committee Interest(s):
Phone:		
Email:		Voting Rights Y/N

Name:	Committee Interest(s):
Phone:	Member Services
Email:	Voting Rights Y/N
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Name:	Committee Interest(s):
Phone:	Member Services Legislative Financial Conference Planning Nominating
Email:	Voting Rights Y/N
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Phone:	Member Services Legislative Financial
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Email:	Voting Rights Y/N
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Phone:	Member Services
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Email:	Voting Rights Y/N
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	Conference Planning Nominating
Email:	Voting Rights Y/N
Name:	Committee Interest(s):
Phone:	Member Services Legislative Financial
	Conference Planning Nominating
Email:	Voting Rights Y/N

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:

 $\stackrel{\cdot}{\rm NYS}$ 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