



Membership Form

Memberships are for 2 years, beginning Oct. 1 of an odd numbered year and ending Sept. 30 of the following odd numbered year, regardless of when a membership is attained.

State Name:	Agency Name:

Mailing Address:

City:	Zip:

Primary Contact:	Phone:	Email:

State Agency Membership Type:

<input type="checkbox"/> Institutional \$400.00 2-year membership Oct. 1 to Sept. 30 (odd years)	<input type="checkbox"/> Individual \$80.00 (includes unlimited # of members, please designate 10 with voting rights)
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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:	

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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: Christopher Felts
150 Broadway, Suite 600
Albany, NY 12204

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