



Membership Application

Thank you for your interest in The New Jersey Food Processors Association. Please complete the form below to get started.

First Name _____

Last Name _____

Company Name _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

Fax _____

Email _____

Membership Type (select one):

_____ Manufacturing Membership (for processors of prepared foods and beverages)

_____ Associate Membership (for suppliers of materials, equipment, and services for the food industry)

Please mail payment (check or money order) with this form to NJFPA, P.O. Box 577, Vineland, NJ, 08362-0577. The annual membership fee is \$250.