

Date:



Industry Member Application

General Information

Organization's Legal Name:

Organization Name as You Would Like it to Appear on PFT Materials:

Primary Contact Person:

Primary Contact Title:

Primary Contact Phone:

Primary Contact Email:

Address (for legal correspondence):

Website:

* Please list any organizations that are commonly controlled (parent, subsidiary, sister company) by your organization and that are also a member of the Partnership for Food Traceability (PFT). If there are not any, please put N/A.

Were you referred by a PFT member organization? If yes, please list the name of the organization and referring point of contact.

Designated Sector

In which sector does your organization primarily operate and in which it will have membership? (Select One)

- ☐ Producer/Grower/Harvester/Seafood Harvesting
- ☐ Manufacturer/Processor
- ☐ Distributor/Packager/Holder/Wholesaler/Shipper
- ☐ Retailer/Grocer
- ☐ Restaurants

In which additional sectors do you also operate? (Select Multiple)

- ☐ Producer/Grower/Harvester/Seafood Harvesting
- ☐ Manufacturer/Processor
- ☐ Distributor/Packager/Holder/Wholesaler/Shipper
- ☐ Retailer/Grocer
- ☐ Restaurants

In which of the following industries does your organization operate?

- ☐ Seafood
- ☐ Produce
- ☐ Shell Eggs
- ☐ Cheese
- ☐ Deli Salads
- ☐ Nut Butters
- ☐ Other Foods/Beverages

What was your organization's gross revenue during your most recently completed fiscal year? (Revenue derived from industries unrelated to food may be excluded.)

- ☐ \$100 million-\$1 billion
- ☐ \$50 million-\$100 million
- ☐ \$10 million-\$50 million
- ☐ Less than \$10 million

Does your organization have:

- ☐ Fewer than 100 employees
- ☐ 100 or more employees

Designated Voting Representative

Please identify the individual who will serve as the designated voting representative for your organization within PFT. (*Alternate voters may be identified later.*)

Voting Representative Name:

Voting Representative Title:

Voting Representative Email:

Voting Representative Phone Number:

Billing Information

Name of Billing Contact:

Billing Contact Email Address:

Billing Contact Phone Number:

Does your organization require the use of a Purchase Order (PO)?

☐

Yes

☐

No

Billing Instructions (i.e., how should membership invoices be submitted)?

Acknowledgments

* ☐ If this application is approved, PFT may identify the applicant-organization, by name and/or logo, as a member of PFT on the PFT website and in similar PFT materials.

* ☐ The applicant acknowledges that its membership in PFT will be governed by the PFT Bylaws and policies available at pftraceability.org.

* ☐ The applicant will make timely payment of the required membership dues and acknowledges that its membership may be terminated, as described in the Bylaws, if its dues are not timely paid.

Signature

Please send your completed application to Laura Brown at laura.brown@leavittpartners.com.