



HAWAII FOOD MANUFACTURERS ASSOCIATION

P.O. Box 30812, Honolulu, HI 96820 U.S.A.
Telephone: (808) 422-HFMA
HFMA@FoodsOfHawaii.com
www.FoodsOfHawaii.com

Membership Application Form Associate: Non-manufacturer

Please type or clearly print all information. Return forms to address above with membership dues payment to HFMA, PO Box 30812, Honolulu, HI 96820. Please make checks payable to HFMA. Dues are \$175 per year. If the first year of membership is a partial fiscal year (July 1 – June 30), dues may be prorated by month.

Company Legal Name: _____

AKA or DBA: _____

Address (Street, City, Zipcode): _____

Mailing Address (if different from above): _____

Phone: _____ Fax: _____

E-mail: _____ Cell: _____

Website: _____

No. of Employees: _____ Year Business Established: _____

KEY PERSONNEL

President or Owner: _____

HFMA Contact Person, who will receive newsletter and other notices:

Name: _____

Title: _____

Phone: _____ Fax: _____

E-mail: _____ Cell: _____

HFMA Membership Application - Associate - Page 2

COMPANY NAME: _____

SERVICES AVAILABLE (Please check all categories that apply):

- | | | |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Broker | <input type="checkbox"/> Advertising | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Retailer | <input type="checkbox"/> Distributor |
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Packaging |
| <input type="checkbox"/> Consultation | | |

Supplier: Types of Products: _____

Other: Specify: _____

Membership Agreement

This application is for membership in the Hawaii Food Manufacturers Association. A check in the required amount as invoiced for dues payment is attached. I realize that this membership must be renewed annually until cancelled in writing.

Signature: _____ Date: _____

Print Name: _____ Title: _____