



# Hawaii Food Manufacturers Association

## Member Application – Associate: Non-food manufacturer

rev. 1/2019

Membership may be held by an individual or legal business entity. Please type or clearly print all information. Dues are \$175 per year with renewal each July. If applying for membership after the fiscal year has begun (July 1 – June 30), dues may be prorated by month – **please contact [hfma@foodsofhawaii.com](mailto:hfma@foodsofhawaii.com) to confirm your prorated amount.** Please make checks payable to Hawaii Food Manufacturers Association. Return application along with membership dues payment to HFMA, 733 Bishop Street, Makai Tower, Suite 1200, Honolulu, HI 96813.

Company Legal Name: \_\_\_\_\_

AKA or DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different from physical): \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell: \_\_\_\_\_

Website: \_\_\_\_\_

FedEx Account: \_\_\_\_\_

No. of Employees: \_\_\_\_\_

Year Business Established: \_\_\_\_\_

### **KEY PERSONNEL**

President/Owner: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

### **HFMA Point of Contact (to receive newsletters and other communication)**

Name/Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

I authorize HFMA to add this email address to the mailing list to receive newsletters and notices. Please provide email addresses if you wish to add different or additional contacts:

\_\_\_\_\_

### **HFMA Billing Contact**

Name/Title: \_\_\_\_\_

Address (if different from physical/ mailing addresses): \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

--Please also complete Page 2--

# Hawaii Food Manufacturers Association

## Member Information Update – Food Manufacturer

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### SERVICES AVAILABLE (Please check all categories that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Advertising                          | <input type="checkbox"/> Retailer       |
| <input type="checkbox"/> Broker                               | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Distributor                          | <input type="checkbox"/> Warehousing    |
| <input type="checkbox"/> Equipment                            | <input type="checkbox"/> Wholesaler     |
| <input type="checkbox"/> Packaging                            |   |
| <input type="checkbox"/> Consultation (please specify): _____ |   |
| <input type="checkbox"/> Supplier – types of products: _____  |   |
| <input type="checkbox"/> Other: _____                         |   |

### WEBSITE INFORMATION

*\*View current member listing here for examples:* <http://www.foodsofhawaii.com/members/associate-members/>

**Company Description (Please limit to 250 words or 1 paragraph of text):**

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**--Please also complete Page 3--**



## **Member Spotlight Information**

*We will be promoting members with spotlight information on our social media accounts (Facebook, Instagram, Twitter). Please provide a brief paragraph (3-5) sentences below about your company/products/achievements that you would like to highlight. Please also send us additional photos you would like us to post with the spotlight.*

## **Member Agreement**

I certify that this information is correct and recent for the purposes of updating HFMA’s member information. I certify that my company’s status as an active Manufacturing member with HFMA under the following provisions:

- I certify that the products that are covered by this form are manufactured by my company and are manufactured within the State of Hawaii.
- I certify that I am not a “re-packager” (packaging a pre-existing product into new containers).
- I understand that this membership will be renewed annually until cancelled in writing.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**--Last page – MAHALO!--**