



ASSOCIATE MEMBERSHIP APPLICATION

The American Meat Institute is an essential part of the meat and poultry industry representing a broad spectrum of firms, from large, multi-national companies to small and family-owned businesses. Our members include packers and processors of 95 percent of the nation's beef, pork, lamb and veal products and 70 percent of the nation's turkey products and their suppliers throughout the United States. Many of our members have been with us since we got our start in 1906.

Associate members may include packers and processors based outside of North American and companies or individuals engaging in business related to animal protein packaging and processing, such as distribution, retail sales and foodservice operations. We are the only organization offering such broad and effective representation to the North American animal protein industry.

Every day AMI takes on various roles for the industry and its members. We inform, encourage and support our members through special services and programs. We provide legislative, regulatory and public relations services. We also conduct scientific and economic research, offer marketing and technical assistance, and sponsor education programs.

AMI has been representing members of the meat and poultry industry for nearly 100 years. We are a hands-on organization, dedicated to teamwork, creative solutions and personal service. AMI delivers active industry support to its members every single day. We can do the same for your business.

Get involved in AMI and make your voice heard. Contact the AMI Member Services Department at (703) 841-2400. Your active participation benefits your company, your industry and you.

I. Company Information

Company Name _____

Doing Business As _____

**Corporate
Headquarters
Address**

Street _____

P.O. Box _____

City _____ State _____ Zip Code +4 _____

Telephone (____) _____

FAX (____) _____

Company E-mail Address _____

Company Web Site _____

Company Description (For the listing on our product directory.) _____

Year Founded _____ Congressional District _____

Annual Sales _____

**Main Contact
to Receive AMI
Mailings & Dues
Invoices**

Name _____ Preferred Name _____

Title _____

Street _____

P.O. Box _____

City _____ State _____ Zip Code +4 _____

Telephone (____) _____

FAX (____) _____

E-mail Address _____

For AMI Use:

Date _____ Mbr # _____ Check # _____ Amount \$ _____ Acct. # _____

II. Associate Membership Information

Open to any company involved in the meat and poultry industry exclusive of North American packers and processors and industry suppliers. It includes companies or individuals engaged in business related to animal protein packing and processing, such as distribution, retail sales and food service operations; and for packers and processors based outside of North America.

Check the products and services your company offers below:

- | | | | | | |
|--------------------------|----------------------|--------------------------|-------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Broker/Trader | <input type="checkbox"/> | By-product Manufacturer | <input type="checkbox"/> | Distributor |
| <input type="checkbox"/> | Foodservice Operator | <input type="checkbox"/> | Importer | <input type="checkbox"/> | Industry Publication |
| <input type="checkbox"/> | Retailer | <input type="checkbox"/> | Wholesaler | <input type="checkbox"/> | International Packer/Processor |
| <input type="checkbox"/> | Other | | | | |

Annual Dues: Associate member dues are \$1,000. Dues are payable in one installment annually. Payment must be submitted with application.

III. Who Else in Your Company Needs AMI Information?

AMI wants to keep your key personnel current on industry trends and issues that relate to their area of responsibility. Please take a minute to indicate key personnel that you want on the AMI mailing list. Please indicate additional contacts and contact information below. You may add an additional sheet if necessary.

<u>Contact/Area of Responsibility</u>	<u>Name</u>	<u>Title</u>	<u>Email Address/Fax Number</u>
CFO/Controller	_____	_____	_____
Environmental	_____	_____	_____
HACCP Coordinator	_____	_____	_____
Human Resources	_____	_____	_____
Legal Counsel	_____	_____	_____
Legislative	_____	_____	_____
Marketing	_____	_____	_____
Operations	_____	_____	_____
Physical Distribution	_____	_____	_____
President/CEO	_____	_____	_____
Public Relations	_____	_____	_____
Quality Assurance	_____	_____	_____
Quality Control	_____	_____	_____
Regulatory	_____	_____	_____
Retail/Foodservice	_____	_____	_____
Sales - Domestic	_____	_____	_____
Sales - International	_____	_____	_____
Tax	_____	_____	_____
Technical Services	_____	_____	_____
Worker Safety	_____	_____	_____

Additional Contacts:

Name _____ Title _____
 Street _____ P.O. Box _____
 City _____ State _____ Zip Code +4 _____
 Telephone _____ FAX _____ E-mail address _____