

WOMEN IN FLAVOR & FRAGRANCE COMMERCE
3301 ROUTE 66, STE. 205, BLDG C, NEPTUNE, NJ 07753

wffc
MEMBERSHIP APPLICATION

Wffc MEMBERSHIP APPLICATION (Please type or print clearly and complete all areas of this form)

Name:	PERSONAL INFORMATION:	
Title:	Home Address:	
Company:	City:	
Address:	State:	Zip:
City:	Phone:	
State:	ZIP:	Fax:
Phone:	Email:	
Fax:	Send Mail to:	
Email:	Business:	Home:

Type of Business	Flavor	Fragrance	Raw Materials	Finished Product
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How long have you been in the Flavor/Fragrance Industry? _____
 How long have you been at your current position? _____
 Are you a member of any other Industry Organization? _____
 Please list: _____

Please circle every category that applies to your position:

Management	Administrative	Technical	R&D	Regulatory
Purchasing	Marketing	Chemist	Quality Control	Flavor/Fragrance Evaluator
Sales/Marketing	Inside Sales	Perfumer	Quality Assurance	Other: _____

WFFC invites and recommends your active participation in one of its committees.

Please indicate interest:

Education	Technical Affairs	Golf Outing	Long Range Planning	Membership
Newsletter	Program	Public Relations	Study Trip	Website

Membership Fees: PAYMENT MUST ACCOMPANY THIS APPLICATION.

USA: \$85.00

Foreign: \$100.00

Check or Money Order in US \$ only!

ACCEPTANCE OF THIS APPLICATION IS SUBJECT TO FINAL APPROVAL BY
 THE WFFC BOARD OF DIRECTORS.

<p><i>FOR MEMBERSHIP COMMITTEE:</i> Date Submitted: _____ Date approved: _____</p>

TELEPHONE: 732-922-0500 ~ FAX: 732-922-0560

Web Site: www.wffc.org

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WFFC MEMBERSHIP DUES
CREDIT CARD PAYMENT FORM

Credit Card Payment Options:

VISA MASTER CARD AMERICAN EXPRESS

NAME ON CREDIT CARD: _____

AMOUNT TO BE CHARGED: \$ _____

CREDIT CARD NUMBER: EXP DATE: _____

BILLING ADDRESS: _____

City: _____ State: _____ Zip: _____

Dues payment for (Name): _____ Phone: _____

Company: _____

Please include a copy of your dues invoice with this payment.
Fax to 732-922-0560.
Thank you.