

FMI Membership University and Colleges APPLICATION

COLLEGE INFORMATION (Information provided will be included in the FMI Online Membership Directory and Buyers' Guide)

College Name _____
Company Address _____
City _____ State/Province _____
Zip/Postal Code _____ Country _____
Company Telephone _____ Company Fax _____
Website _____

Is this the parent company? Yes No If no, please complete parent company information below.

PRIMARY CONTACT INFORMATION (This executive-level person will be included in the FMI Online Membership Directory and Buyers' Guide)

Name _____ Title _____
Address _____
City _____ State/Province _____
Zip/Postal Code _____ Country _____
Direct Phone _____ Direct Fax _____
Email Address _____

BILLING CONTACT INFORMATION (If different from the primary contact)

Name _____ Title _____
Address _____
City _____ State/Province _____
Zip/Postal Code _____ Country _____
Direct Phone _____ Direct Fax _____
Email Address _____

Membership Dues: \$ \$1.000

My signature confirms the accuracy of the company information provided on this application (this application must be signed).

Prepared by _____ Title _____

Signature _____ Date _____

Please mail the completed renewal form to **Food Marketing Institute,
Attn. Lucas Darnell, 2345 Crystal Drive, Suite 800, Arlington, VA 22202-4801**

Thank you for joining FMI's Member Program!

If you have any questions or comments, please contact
Lucas Darnell at 202.220.0675 or ldarnell@fmi.org.