

2019 ANNUAL DUES / INVESTMENT SCHEDULE



The mission of the National Frozen & Refrigerated Foods Association is to promote the sales and consumption of frozen and refrigerated foods through: education, training, research, sales planning and providing a forum for industry dialogue.

To the Board of Directors:

We hereby apply for membership in the National Frozen & Refrigerated Foods Association (NFRA).
Enclosed is our dues check covering our membership as per the dues schedule.

MEMBERSHIP CATEGORIES

MANUFACTURERS

Those who produce frozen and/or refrigerated food products. Dues are based on annual frozen and refrigerated food sales volume, including all subsidiaries and divisions, which shall additionally receive full membership status.

Sales (in millions)	Dues
\$0 - \$1.....	\$1,500
\$2 - \$10	\$2,135
\$10 - \$45.....	\$2,135 plus \$54 per million over \$10 million
\$46 - \$90	\$4,570 plus \$44 per million over \$46 million
\$91 - \$200.....	\$6,595 plus \$34 per million over \$91 million
\$201 & over	\$9,555 plus \$24 per million over \$201 million to a maximum of \$16,995

RETAILERS / WHOLESALERS

Those who sell goods to the consumer in small and/or large quantities such as grocery stores and club stores.

Dues \$690

SALES AGENTS

Organizations that specialize in the marketing and sales of clients' frozen/refrigerated products to retailers, wholesalers and club stores. Dues are based on total company revenue (*brokerage earned*), derived from frozen and refrigerated dairy food commissions, including main office and all business units.

Commissions	Dues
\$0 - \$1 million	\$955
Over \$1 million.....	\$955
plus \$540 for each additional \$1 million and fraction thereof on frozen and refrigerated dairy food sales commissions to a maximum of \$20,000.	

LOGISTICS PROVIDERS

Those who provide transportation and logistics services to include handling shipping, inventory, warehousing, packaging and security functions for shipments.

Number of Locations	Dues
1 to 5 locations.....	\$1,090
6 to 10 locations	\$1,420
Over 10 locations.....	\$1,775

SUPPLIERS

Those who provide a good or service to the frozen and refrigerated foods industry.

Dues \$1,475

DISTRIBUTORS

Those who buy products from manufacturers and resell them to the retailer/wholesaler. Dues are based on annual frozen and refrigerated dairy food sales volume.

Sales (in millions)	Dues
\$0 - \$5.....	\$1,020 plus \$74 per million over \$1 million
\$6 - \$10	\$1,415 plus \$64 per million over \$6 million
\$11 - \$25	\$2,020 plus \$54 per million over \$11 million
\$26 - \$50.....	\$2,895 plus \$44 per million over \$26 million
\$51 - \$100	\$4,175 plus \$24 per million over \$51 million
\$101 & over.....	\$4,655 plus \$6 per million over \$101 million to a maximum of \$5,465

The dues schedule reflects your annual investment in NFRA.
Memberships are for the calendar year (January 1-December 31) and are activated once payment is received.

2019 MEMBERSHIP APPLICATION



PLEASE SELECT YOUR CATEGORY (see reverse for category descriptions)

MANUFACTURER Annual Sales _____
(in millions)

Check all that apply:

- Frozen Refrigerated Ice Cream
 Private Brand Natural/Organic

LOGISTICS PROVIDER # Locations _____

SALES AGENT Commissions _____
(in millions)

SUPPLIER

RETAILER/WHOLESALE

DISTRIBUTOR Annual Sales _____
(in millions)

COMPANY INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Website _____ LinkedIn _____

Facebook _____ Instagram _____ Twitter _____

PRIMARY CONTACT INFORMATION

Name _____ Job Title _____

Address (if different from above) _____ City _____ State _____ Zip _____

Preferred Phone _____ Office Cell Secondary phone _____ Office Cell

Email _____

SECONDARY CONTACT INFORMATION

Name _____ Job Title _____

Address (if different from above) _____ City _____ State _____ Zip _____

Preferred Phone _____ Office Cell Secondary phone _____ Office Cell

Email _____

SOCIAL MEDIA CONTACT

Name _____ Job Title _____

Preferred Phone _____ Office Cell Secondary phone _____ Office Cell

Email _____

Brief Description of Company: _____

Recommended for Membership by (Name & Company): _____

Application Completed by (Name & Title): _____

PAYMENT INFORMATION Amount due: _____
(see reverse)

- Check enclosed (payable to NFRA) Invoice me
 Charge my: Visa Mastercard Discover American Express

Credit Card # _____ Exp. Date _____

Name on Card _____

Signature _____