



# FRANE MEMBERSHIP

*Our commitment to our members...*

## FRANE MEMBERSHIP APPLICATION

*Email this completed membership application to [frane@frane.org](mailto:frane@frane.org), **OR** fax to 203-879-0594 **OR** mail this completed membership application to FRANE, PO Box 6377, Wolcott, CT 06716-0377*

*Fiscal Year is from October 1- September 30. Annual Dues based on category listed below:*

<u>Membership Category</u>	<u>Annual Dues</u>
Retailer / Wholesaler Annual Membership	\$350
Manufacturer Annual Membership	\$450
Broker / Sales Agent Annual Membership	\$450
Distributor / Cold Storage Annual Membership	\$450
Transportation / Trucking Annual Membership	\$350

### MEMBERSHIP APPLICATION

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No \_\_\_\_\_ Fax No \_\_\_\_\_ Email \_\_\_\_\_

Nature of Business \_\_\_\_\_

Key Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Membership Dues (see chart above): \$ \_\_\_\_\_ Payment Enclosed \_\_\_\_\_ Please charge my account \_\_\_\_\_

\_\_\_\_\_ MasterCard / \_\_\_\_\_ Visa / \_\_\_\_\_ American Express Amount: \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ CCV# \_\_\_\_\_

**FROZEN & REFRIGERATED ASSOCIATION OF THE NORTHEAST**

PO Box 6377, Wolcott, CT 06716-0377 • Tel: 203-597-7215 • Fax: 203-879-0594 • Email: [frane@frane.org](mailto:frane@frane.org)