



FRANE MEMBERSHIP

Our commitment to our members...

FRANE MEMBERSHIP APPLICATION

Email this completed membership application to frane@frane.org, OR mail to:

FRANE
P.O. Box 380120,
East Hartford, CT 06138

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 _____

How did you hear or learn about FRANE? _____

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. A 3.5% credit card fee will be added _____

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

Credit Card #: _____ Expiration Date: _____

Authorized Signature: _____ CCV# _____

FROZEN & REFRIGERATED ASSOCIATION OF THE NORTHEAST

PO Box 380120, East Hartford, CT 06138 • Email: frane@frane.org