



Application for Membership



NATIONAL ASSOCIATION FOR THE SPECIALTY FOOD TRADE, INC.
136 Madison Avenue, 12th Floor, New York, NY 10016
Tel: 212.482.6440, ext.41, Fax: 212.482.6459, email: admissions@nasft.org
www.specialtyfood.com

2. MEMBERSHIP CLASSIFICATIONS

Check off below the ONE category that best describes your Company or Organization:

REGULAR MEMBERS

- U.S. Specialty Food and Non-alcoholic Beverage Manufacturer
- U.S. Specialty Food and Non-alcoholic Beverage Importer
- U.S. Specialty Food and Non-alcoholic Beverage Distributor

CONFECTIONERY MEMBERS

- U.S. Confectionery Manufacturer
- U.S. Confectionery Importer
- U.S. Confectionery Distributor

NON-FOOD MEMBERS

- U.S. Alcoholic Beverage Manufacturer
- U.S. Alcoholic Beverage Importer
- U.S. Alcoholic Beverage Distributor
- U.S. Accessory Supplier (cookware, packaging, etc.)
- U.S. Publications (periodical, book publisher)
- Other (please specify): _____

AGENT/BROKER MEMBERS

- U.S. Agent
- U.S. Broker
- Non-Exhibiting Broker

FOREIGN MANUFACTURER MEMBERS

- Foreign Specialty Food Manufacturer

OTHER FOREIGN MEMBERS

- Foreign Government Agency
- Foreign Trade Organization

OTHER U.S. AGENCIES

- Federal Government Agency (e.g., SBA, etc.)
- State Government Agency
- Local Government Agency
- U.S. Trade Organization

AFFILIATE MEMBERS

- Consultants
- Package and Graphic Designers
- Research Houses
- Raw Materials Suppliers
- Customs Brokers
- Freight Forwarding and other Transportation Companies
- Non-Exhibiting Affiliate
- Other (please specify): _____

3. NASFT'S DEFINITION OF SPECIALTY FOOD PRODUCTS

"Specialty Food Products as used herein shall mean: foods and beverages meant for human use that are differentiated from those in the mainstream. Their specialty nature derives from some or all of the following characteristics: their originality, ethnic or cultural origin, particular processing, ingredients, limited supply, distinctive use, extraordinary packaging or specific channel of distribution or sale. By virtue of their differentiation, such products maintain a high perceived value and often command a premium price."

In the space below, or on a separate sheet, please tell us how your products and/or services fit the above definition:

In the space below, or on a separate sheet, please provide any additional information about your products or services regarding their origin or any other characteristics that make them special or unique. For example, explain some of the ways that, in your marketing efforts, you differentiate or position your products or services to set them apart.

If applying under the Membership Classification of "Affiliate Member," please tell us in what ways your products or services are of interest to the specialty food trade in general and to attendees at the Fancy Food Shows in particular:

4. TELL US YOUR PLANS FOR PARTICIPATING IN NASFT FANCY FOOD SHOWS

A. Total number of items (SKUs) or types of services you plan to exhibit at the NASFT Fancy Food Shows: _____

B. List below, or on a separate sheet, the products and/or services you wish to exhibit or present at the Fancy Food Shows:

TYPE OF PRODUCT AND/OR SERVICE	BRAND NAME (if applicable)	MONTH/YEAR FIRST MARKETED TO THE SPECIALTY FOOD TRADE

C. In which shows do you plan to exhibit?

- Winter (west coast) Summer (east coast)

D. **Company information:** The following information from your Company must also be included with your Application.

- Current Price List(s) Product/Services Order Form Product Information/Literature (e.g., fact sheets, sales flyers, catalogs, etc.)

E. **Additional Company Information:** To enable NASFT to learn more about your Company, it will be helpful if you also include copies of any or all of the following.

- Company history, Newsletters Press Kit/News releases Press clips Photographs Awards announcements Consumer folders, ads

5. SPECIALTY FOOD TRADE VERIFICATION

YOU MUST PROVIDE FIVE REFERENCES OR YOUR APPLICATION WILL BE RETURNED. You should notify each Buyer listed that you wish to use them as a reference; then follow up with them to be sure they respond to the NASFT questionnaire (mailed within five business days after receiving your Application).

IF YOU ARE A MANUFACTURER, IMPORTER, DISTRIBUTOR, AGENT OR BROKER APPLYING FOR MEMBERSHIP:

You must supply complete names and addresses of five (5) outlets (e.g., retailers, restaurants, distributors, etc.) who purchase and re-sell your products and/or services. Be sure to include the name of the appropriate buyer for each outlet listed. Outlets must be independent of each other and should be active accounts.

1. _____
FIRM NAME

BUYER _____ EMAIL ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

STREET ADDRESS _____

CITY / STATE _____ ZIP CODE _____
2. _____
FIRM NAME

BUYER _____ EMAIL ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

STREET ADDRESS _____

CITY / STATE _____ ZIP CODE _____
3. _____
FIRM NAME

BUYER _____ EMAIL ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

STREET ADDRESS _____

CITY / STATE _____ ZIP CODE _____
4. _____
FIRM NAME

BUYER _____ EMAIL ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

STREET ADDRESS _____

CITY / STATE _____ ZIP CODE _____
5. _____
FIRM NAME

BUYER _____ EMAIL ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

STREET ADDRESS _____

OR

IF YOU ARE AN IMPORTER, DISTRIBUTOR, AGENT, OR BROKER:

Please list the complete names and addresses of the major suppliers who have authorized you to handle/represent their products and/or services. Exception: Brokers need to provide only three (3) of their major customer accounts. ***This section is not for manufacturers.***

1. _____
FIRM NAME

PRINCIPAL CONTACT _____ EMAIL ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

STREET ADDRESS _____

CITY / STATE _____ ZIP CODE _____
2. _____
FIRM NAME

PRINCIPAL CONTACT _____ EMAIL ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

STREET ADDRESS _____

CITY / STATE _____ ZIP CODE _____
3. _____
FIRM NAME

PRINCIPAL CONTACT _____ EMAIL ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

STREET ADDRESS _____

CITY / STATE _____ ZIP CODE _____
4. _____
FIRM NAME

PRINCIPAL CONTACT _____ EMAIL ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

STREET ADDRESS _____

CITY / STATE _____ ZIP CODE _____
5. _____
FIRM NAME

PRINCIPAL CONTACT _____ EMAIL ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

STREET ADDRESS _____

10. AUTHORIZATION

Please note that under this Section, you are required to acknowledge that you have thoroughly read, understand and agree to abide by all the instructions and requirements contained in this Application.

Spaces are provided below for the name and signature of the person duly authorized to complete and submit this Application. Be sure to fill in the date plus this person's title/position and e-mail address. In addition, if different from the person completing the Application, **these spaces require the name, title, e-mail address and signature of an officer or principal of the Applying Company as well as those of the primary Show contact in the Company.**

Reminder: The Admissions Committee can only make recommendations to the NASFT's Board of Directors. Should the Board of Directors reject the Company's Application for Membership, the Applicant can demand in writing a review of the decision through arbitration. (Contact the NASFT Membership Department for instructions.)

- A. The Applicant acknowledges that the undersigned has read, understands and agrees to abide by the Instructions.
- B. The Applicant authorizes the NASFT to make such investigation as it considers appropriate to evaluate this Application. Any misrepresentations or omissions in the Application, or in the accompanying material, or in the determination of the applying Company's dues, could render this Application void. If such misrepresentation or omission is discovered after Membership has been granted, it may be grounds for termination of Membership.
- C. Applicant agrees to name NASFT as an "Additional Insured" under the

Applicant's Commercial General Liability (CGL) Insurance Policy and to provide proof of same. Applicant understands and acknowledges that acceptance as an NASFT Member is conditioned upon NASFT being so named as an "additional Insured" under Applicant's Commercial General Liability (CGL) Insurance Policy.

- D. Applicants further agrees that any dispute as to NASFT's decision with regard to this Application shall be determined solely by binding arbitration as per the NASFT By-laws.
- E. Applicant further acknowledges that, if accepted as a Member of the Association, the Company shall, during the term of its Membership and thereafter, respect the intellectual property rights of the Association and shall not: (a) use the name, trademarks, service marks, or logos of the Association in any manner which is likely to confuse the public as to the source or sponsorship of the Member's products or services, or which constitutes an expressed or implied false or misleading statement of fact; (b) copy, distribute, reproduce, create derivative works from, transform into another medium, or use in any manner, copyrighted or proprietary information disclosed to the Member by NASFT in connection with its business as a Member of the Association.
- F. The foregoing shall not prevent Members of the Association from using camera-ready artwork for only those NASFT logos provided to the Member by NASFT, on business cards, letterheads, and other printed materials to indicate fairly and aptly Membership in the NASFT, provided that the integrity of such logos is preserved and such logos are used in the precise manner shown in the artwork without addition, deletion or revision.

PLEASE PRINT NAME OF PERSON COMPLETING THIS APPLICATION	TITLE / POSITION	E-MAIL ADDRESS
SIGNATURE		DATE
PLEASE PRINT NAME OF PRINCIPAL OR CEO (IF DIFFERENT FROM ABOVE)	TITLE / POSITION	E-MAIL ADDRESS
SIGNATURE		DATE
PLEASE PRINT NAME OF PRIMARY TRADE SHOW CONTACT (IF DIFFERENT FROM ABOVE)	TITLE / POSITION	E-MAIL ADDRESS
SIGNATURE		DATE

DID YOU INCLUDE?

- Photocopies of documents relevant to Certification (see Section 1 h)
- Any Additional Company information you might have (see Sections 4c, 4d)
- Proof of Insurance (see Section 6)
- Payment and Payment information (see Section 7)
- Samples of your product(s) (see Section 9)
- Authorization (see Section 10)

If you have any questions, please call the NASFT's Membership Department at **TEL: 212.482.6440, ext. 41**

Ship your Application with your samples via a carrier that provides for tracking and confirmation of delivery (e.g., DHL, FedEx, UPS, etc.) to:

NASFT New Member Admissions Committee
136 Madison Ave, 12th Floor,
New York, NY 10016
TEL: 212.482.6440, ext. 41
admissions@nasft.org



For more information, please contact the Membership Department at 212.482.6440, ext. 41



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