



N·A·S·F·T®

## JOIN THE NASFT NOW AS A MEMBER CANDIDATE!

### Benefits

- Feedback from the Member Candidate Admissions Committee on your products
- Participation in a Member Candidate Pavilion tabletop display at a Fancy Food Show
- Assistance from a dedicated NASFT staff person
- Opportunity to network with other Member Candidates
- Free 30-minute consultation with NASFT's Washington advisor or trademark advisor
- 1 year/10 issues of *Specialty Food Magazine* free (\$50 value)

### Limitations

- Member Candidate status limited to a maximum of 2 years
- Enrollment and completion of an NASFT Educational program required to graduate to full member status
- Participation in Member Candidate Pavilion Tabletop limited to one time only

### Qualifications

- Be in business for less than one year and/or
- Have at least one but fewer than five retail accounts
- Currently have a finished product for resale meeting labeling criteria (co. name, ingredients, origin)

N·A·S·F·T®

NATIONAL ASSOCIATION FOR THE SPECIALTY FOOD TRADE, INC.

136 Madison Avenue, 12th Floor, New York, NY 10016

Tel: 646.878.0140, Fax: 646.878.0240, email: [esipos@nasft.org](mailto:esipos@nasft.org), [www.specialtyfood.com](http://www.specialtyfood.com)



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# Application for Member Candidate

Please fill out all of the information requested on this Member Candidate Application. Incomplete applications will be returned, slowing your application process. If you have any questions, contact Erika Sipos at 646.878.0140.

## 1. COMPANY/ORGANIZATION INFORMATION (PLEASE PRINT LEGIBLY.)

COMPLETE LEGAL NAME OF COMPANY OR ORGANIZATION APPLYING AS MEMBER CANDIDATE (SHOULD BE SAME AS LOCAL POST OFFICE AND TELEPHONE LISTINGS)

DBA AND/OR AKA

STREET ADDRESS FOR COURIER DELIVERIES / P.O. BOX

CITY STATE ZIP+4 COUNTRY

TELEPHONE AS LISTED IN LOCAL DIRECTORY TOLL-FREE # \*FAX

E-MAIL ADDRESS OF PERSON SIGNING THIS APPLICATION WEBSITE ADDRESS

\* See Section 6, Page 3, for your approval to receive fax or e-mail communications from NASFT.

IF DIVISION/SUBSIDIARY, GIVE NAME OF PARENT COMPANY/ORGANIZATION

STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY FOR PARENT COMPANY/ORGANIZATION

**A** Date when your company was founded  
MONTH YEAR

**B** Date when your company first started selling to retail outlets, restaurants and other foodservice operations or to other food producers  
MONTH YEAR

**C** Federal Tax I.D. Number

**D** State in which are you registered to do business

**E** Based on either product size or customer type, what percentage of your sales are (estimate, if necessary):

- For sale at retail \_\_\_\_\_ %
- For foodservice use \_\_\_\_\_ %
- For other use \_\_\_\_\_ %

(Please specify) \_\_\_\_\_ } 100% TOTAL

**F** List the geographic area(s) where you primarily market your products or services (e.g., all of the U.S., Northeastern U.S., North America, New York City, Europe, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G** Has your company and/or its products qualified for certification in any of the categories listed below? **Please provide information requested and be sure to include with this Application photocopies of documents relevant to such certification.**

- KOSHER \_\_\_\_\_ DATE / ORIGIN OF CERTIFICATION / NATURE OF CERTIFICATION
- ORGANIC \_\_\_\_\_ DATE / ORIGIN OF CERTIFICATION / NATURE OF CERTIFICATION
- HALAL \_\_\_\_\_ DATE / ORIGIN OF CERTIFICATION / NATURE OF CERTIFICATION
- OTHER (please specify) \_\_\_\_\_ DATE / ORIGIN OF CERTIFICATION / NATURE OF CERTIFICATION

### YOUR ANSWERS TO THE FOLLOWING ARE OPTIONAL:

- MINORITY-OWNED BUSINESS \_\_\_\_\_ DATE / ORIGIN OF CERTIFICATION / NATURE OF CERTIFICATION
- WOMAN-OWNED BUSINESS \_\_\_\_\_ DATE / ORIGIN OF CERTIFICATION / NATURE OF CERTIFICATION
- SMALL BUSINESS \_\_\_\_\_ DATE / ORIGIN OF CERTIFICATION / NATURE OF CERTIFICATION
- OTHER (e.g., Veteran, Handicapped, etc., please specify) \_\_\_\_\_ DATE / ORIGIN OF CERTIFICATION / NATURE OF CERTIFICATION

**Maximum period of time a company can remain a Member Candidate is 2 years. During that time, it is recommended you graduate to Exhibiting Membership. Tabletop exhibit is limited to one time only.**

## 2. NASFT'S DEFINITION OF SPECIALTY FOOD PRODUCTS

Specialty Food Products as used herein shall mean: foods and beverages that exemplify quality, innovation and style in their category.

Their specialty nature derives from some or all of the following characteristics: their originality, authenticity, ethnic or cultural origin, specific processing, ingredients, limited supply, distinctive use, extraordinary packaging or specific channel of distribution or sale. By virtue of their differentiation in their categories, 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.

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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.

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## 3. SPECIALTY FOOD TRADE VERIFICATION

Please supply names and addresses of at least one and up to four (4) outlets (e.g., retailers, restaurants, farmers' markets, etc.) who purchase and resell your products. 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.

You must currently have a finished product for resale and meet labeling criteria (lists company name, ingredients and origin), and have been in the specialty food business less than one year and/or have fewer than five retail references prior to the time of Application.

**1** \_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
BUYER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE

\_\_\_\_\_  
ZIP CODE

**3** \_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
BUYER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE

\_\_\_\_\_  
ZIP CODE

**2** \_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
BUYER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE

\_\_\_\_\_  
ZIP CODE

**4** \_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
BUYER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE

\_\_\_\_\_  
ZIP CODE

## 4. PROOF OF INSURANCE

Each Applicant for NASFT Member Candidate is required to submit proof of the Company's Commercial General Liability (CGL) Insurance and, in particular, proof of Product Liability Insurance. At the same time, in submitting this Application for Member Candidate Status, the Applicant also agrees to name the NASFT as an "Additional Insured" under the same policy. Please be sure to include this with your application.

## 5. PAYMENT INFORMATION

PLEASE ENCLOSE THE FOLLOWING WITH YOUR APPLICATION:

- Your \$100 Application Fee (non-refundable).

### PAYMENT (CHOOSE ONE)

- Check, money order or bank draft enclosed.
- Charge to the following Credit Card  MC  VISA  AMEX

CREDIT CARD NUMBER

EXPIRATION DATE

CARD HOLDER'S SIGNATURE

PRINT COMPLETE NAME & TITLE OF CARDHOLDER

BILLING ADDRESS FOR ABOVE CREDIT CARD

CITY & STATE

ZIP CODE

## 6. NASFT COMMUNICATIONS

The NASFT will communicate with its Member Candidates and deliver time-sensitive information in the most cost-effective and eco-friendly way possible. Mechanisms to opt out will be included in fax and email communications; however, we recommend you remain open to these methods of communication in order to take advantage of all the benefits available to you.

## 7. PRODUCT REVIEW

**Samples and photographs of your products must be sent with your Application.** In considering your Application, the Member Candidate Admissions Committee will need to see and evaluate a sample (not a prototype) of each product type and flavor you feature. Please send samples of your food, beverage or related products. It is not necessary to provide the same product type and flavor in more than one size, but you should include samples in each size or package type that represent your line(s). Please include front and back photos of your product(s) with your submission. If your products are perishable (i.e., fresh, refrigerated or frozen), pack them in an insulated container with dry ice or other coolants. **Be sure to mark clearly and boldly on the outside of your package that it contains perishable products** and ship for overnight delivery to NASFT. Product may be prepared for tasting as requested by the Member Candidate Admissions Committee using your label instructions or other instructions that accompany your Application or the products. If your products consist of large display units, e.g., manufacturing equipment, or if you market services, you may submit, with your Application, literature or other descriptive material representing such products or services. Food samples will not be returned. Non-food product samples can be returned at the Applicant's expense. Please include your return shipping arrangements (e.g., UPS call tags) with your Application.

## 8. 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.**

- 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, could render this Application void. If such misrepresentation or omission is discovered after acceptance has been granted, it may be grounds for termination of acceptance.
- 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 Candidate is conditioned upon NASFT being so named as an "Additional Insured" under Applicant's Commercial General Liability (CGL) Insurance Policy.
- D** Applicant further acknowledges that, if accepted as a Member Candidate of the Association, the company shall, during the term of its Member Candidate status 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 Candidate'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 Candidate by NASFT in connection with its business as a Member Candidate of the Association.

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|---|------------------|----------------|
| PLEASE PRINT NAME OF PERSON COMPLETING THIS APPLICATION | TITLE / POSITION | E-MAIL ADDRESS |
|---|------------------|----------------|

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|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

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|  |                  |                |
|--|------------------|----------------|
| PLEASE PRINT NAME OF PRINCIPAL OR CEO (IF DIFFERENT FROM ABOVE ) | TITLE / POSITION | E-MAIL ADDRESS |
|--|------------------|----------------|

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|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

### DID YOU INCLUDE?

- Photocopies of documents relevant to Certification (see Section 1G)
- Proof of Insurance (see Section 4)
- Payment and payment information (see Section 5)
- Samples and photos (front and back shots of package) of your product(s) (see Section 7)
- Authorization (see Section 8)

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

**Erika Sipos**  
**136 Madison Avenue, 12th Floor**  
**New York, NY 10016**  
**TEL: 646.878.0140**  
**esipos@nasft.org**