# Washington Association for Food Protection Membership

## We invite you to join:

Membership Dues: $15.00
(October 1 – September 30th)

Make checks payable to W.A.F.P.

Name:_____
Company:_____
Job Title:_____
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City:_____
State, ZIP:_____

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work fax other (specify)

e-mail:_____

Mail check & information to:
Stephanie Olmsted
WAFP Secretary-Treasurer
32727 193rd Ave SE
Kent, WA 98042
e-mail: Stephanie.Olmsted@Safeway.com