



# 2025 UNIVERSITY & K-12 SCHOOL FOODSERVICE MEMBERSHIP APPLICATION

## School Information

University/School District/School Foodservice Authority \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Website \_\_\_\_\_

## School Foodservice Program Information

Total Student Enrollment \_\_\_\_\_  
Average Daily Participation \_\_\_\_\_ (# of students served/day for all meal/snack programs)  
Annual Produce Purchases \_\_\_\_\_ (approximate \$ amount for all meal/snack programs)

Does your school participate in any of the following programs? You can select more than one.

CACFP  
 USDA-DoD Fresh Program ("DoD Fresh")  
 Fresh Fruit and Vegetable Program (FFVP)  
 Salad Bars  
 School Gardens  
 Farm to School Activities  
 Other, please elaborate \_\_\_\_\_  
\_\_\_\_\_

## Primary Staff Contact

We request the School Foodservice Director to be primary contact person for your school's membership with the International Fresh Produce Association (IFPA).

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone (Include Country / Area Code) \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

## Additional Staff Contacts

Your IFPA membership is available to any employee who works for your foodservice operation. To help your school maximize the value of your membership, we recommend you designate a contact for each position area below (if applicable). If you wish to add any additional contacts to your membership roster, please contact Andrew Marshall, [amarshall@freshproduce.com](mailto:amarshall@freshproduce.com).

### Dietitian

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone (Include Country / Area Code) \_\_\_\_\_ Email \_\_\_\_\_

**Food Safety**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone (Include Country / Area Code) \_\_\_\_\_ Email \_\_\_\_\_

**Operations**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone (Include Country / Area Code) \_\_\_\_\_ Email \_\_\_\_\_

**Procurement**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone (Include Country / Area Code) \_\_\_\_\_ Email \_\_\_\_\_

**Supply Chain Management**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone (Include Country / Area Code) \_\_\_\_\_ Email \_\_\_\_\_

**Other**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone (Include Country / Area Code) \_\_\_\_\_ Email \_\_\_\_\_