

## 2026 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 \_\_\_\_\_

