



Gold Circle Application

Yes, I'd like to help proactively move the fresh produce industry forward!

(Note: Requires a current active corporate membership to participate.)

Primary Gold Circle Contact Information:

Name First Last

Job Title

Company

Address

City State/Province

ZIP/Postal Code Country

Telephone () Facsimile ()
(Country Code/Area Code) (Country Code/Area Code)

Cell Phone ()
(Country Code/Area Code)

Email
(Individual business e-mail is required to receive confirmation.)

Food Safety Contact Information:

Name First Last

Job Title

Company

Address

City State/Province

ZIP/Postal Code Country

Telephone () Facsimile ()
(Country Code/Area Code) (Country Code/Area Code)

Cell Phone ()
(Country Code/Area Code)

Email
(Individual business e-mail is required to receive confirmation.)

Logo Contact Name Email Phone

My company check for a contribution of US \$1,000 is enclosed. (Make payable to PMA; US funds drawn on US banks only)

Please charge my US \$1,000 contribution to the following credit card:

American Express VISA MasterCard

Account # Exp. Date

Cardholder's Name Cardholder's Employer Name

Cardholder's Signature

PROMOTIONAL CODE
CODE:

