Membership Registration
Mediterranean Foods Alliance

Contact Information

Company Name Primary
__________________________
Contact Person Address
__________________________
Address
_________________________________________________________________
City
_________________________________________________________________
Country___________________ State ____________ Zip or Postal Code ____________
Email
__________________________
Telephone
__________________________
Fax _______________________ Website _______________________

Membership Dues

We appreciate support from companies and organizations of all sizes. Membership levels are based on a company’s annual budget:

<table>
<thead>
<tr>
<th>Annual Budget</th>
<th>Membership Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Less than $5 million</td>
<td>$1,000</td>
</tr>
<tr>
<td>□ $5—$19 million</td>
<td>$2,000</td>
</tr>
<tr>
<td>□ $20—$49 million</td>
<td>$3,000</td>
</tr>
<tr>
<td>□ $50—$99 million</td>
<td>$4,000</td>
</tr>
<tr>
<td>□ $100—$250 million</td>
<td>$6,000</td>
</tr>
<tr>
<td>□ More than $250 million</td>
<td>$8,000</td>
</tr>
</tbody>
</table>

Payment by □ check (made payable to Oldways) or by □ credit card (PLEASE NOTE 3% CREDIT CARD SERVICE FEE)

Credit Card Number ________________________ Exp Date ____________________
Amount to Charge ______________________ Signature ______________________

Return this form with payment to:
Abigail Sloane
Oldways
266 Beacon St, Suite 1
Boston, MA 02116 USA

*PLEASE NOTE THERE IS A 3% SERVICE FEE FOR CREDIT CARD