



**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:

Annual Budget	Membership Dues
<input type="checkbox"/> Less than \$5 million	\$1,000
<input type="checkbox"/> \$5—\$19 million	\$2,000
<input type="checkbox"/> \$20—\$49 million	\$3,000
<input type="checkbox"/> \$50—\$99 million	\$4,000
<input type="checkbox"/> \$100—\$250 million	\$6,000
<input type="checkbox"/> More than \$250 million	\$8,000

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