

THE ACADEMY  
OF FOOD LAW & POLICY

## Institutional Membership Form

### Law School Information

Law School Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Law School website: \_\_\_\_\_

Does your law school feature a Food Law & Policy course(s)? Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_  
If yes, what is the full name(s) of the course(s)?

\_\_\_\_\_  
\_\_\_\_\_  
Name(s) of faculty who teaches the course(s) \_\_\_\_\_  
\_\_\_\_\_

### Designated Law Faculty Memberships (included in fee)

Please use the space below to designate up to three (3) faculty from your law school who are involved in the field for Academy of Food Law & Policy Membership (included in institutional membership)

#### Institutional Member A (included in institutional membership fee):

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_

#### Institutional Member B (included in institutional membership fee):

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_

#### Institutional Member C (included in institutional membership fee):

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_

## Additional Law Faculty Memberships (additional fee)

Please use the space below to designate additional faculty from your law school who are involved in the field to be Academy of Food Law & Policy Members (not included in institutional membership fee; requires additional membership fee of \$50/individual faculty member)

### **Institutional Representative D (not included in institutional membership fee):**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_

### **Institutional Representative E (not included in institutional membership fee):**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_

### **Institutional Representative F (not included in institutional membership fee):**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_

## Payment

Institutional Membership dues are \$350 per 2 years for period (from Jan. 1, 2018 through - Dec. 31, 2020).

Additional due(s) (if more than three faculty memberships) (\$50 per additional member)

Total Dues: \$ \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Title of person completing this form \_\_\_\_\_

Signature of person completing this form \_\_\_\_\_

**Please complete and return this form with your dues payment. Make all checks payable to "Academy of Food Law & Policy."**

**Academy of Food Law & Policy Attn: Susan Schneider**

**1045 W. Maple Street, Fayetteville, AR 72701**

**Academy of Food Law & Policy • 1045 W. Maple Fayetteville, AR 72701 • (479)575-3706**

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