

Application for Professional Membership

IFT Professional Membership is reserved for the select group of IFT members who have distinguished themselves through achievements and experience in food science and technology or related fields. Their expertise and accomplishments enrich IFT and warrant the prestige and honor associated with Professional Membership. Professional Members do not pay additional dues. Those who meet IFT's academic and technical experience qualifications may apply for Professional Member status by submitting this completed application for review and approval by IFT.

If you are not already an IFT member, you must first complete the Application for Membership and submit with your dues payment found under Membership at ift.org. You may then complete this Professional Membership Application to be reviewed by IFT.

IFT's Minimum Requirements for Professional Membership

Any person shall be eligible to become a Professional Member who meets the following minimum requirements for education, training, or experiences and provides all the information required in this application.

Post degree experience(s):

- Bachelors, higher degree, or equivalent, in disciplines associated with food science and technology from a recognized teaching institute and at least 5 years of professional experience in food science and technology
- Master's degree or equivalent and at least 4 years of professional experience in food science and technology
- Doctorate degree or equivalent and at least 2 years of professional experience in food science and technology
- OR
- Any non-food science related bachelors or higher degree, or equivalent, from a recognized teaching institution and ten (10) years of documented contributions to the profession and, if applicable, IFT.

IFT may waive these minimum requirements for persons who have distinguished themselves by their achievements or through long experience in the field of food science and technology.

All information must be completed on this form. Do not attach a resume or other documents. If additional information is needed, it will be requested.

Mailing Address

Please print legibly.

Your preferred mailing address: Home Business

Mr. Mrs. Ms. Chef Doctor Rabbi Other

Member ID # (required) _____

First Name _____ Middle Initial _____ Last Name _____

Organization/Company _____

Mailing Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Phone _____ Fax _____ E-mail _____

Personal Data

Date of Birth: _____ / _____ / _____
month day year

Gender: Male Female

College/University	Field of Study	Degree	Graduation Date
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Academic Degrees

List most recent first.

- _____
- _____
- _____
- _____

Employment Experience For food science related degrees, must cover not less than five (5) years post-baccalaureate, or 2 or 4 years experience respectively with a Master’s or Doctoral degree. See minimum requirements on preceding page. For all other degrees, must cover not less than 10 years post-graduate experience in food science and technology. In addition to the information requested on the first line of each position listing, include in the other two lines details such as responsibilities and projects undertaken as relates to food industry.

List current or most recent position first.

Post Doctoral positions are considered to be work experience.

Give details of projects and responsibilities for each position.

Organization/Company	Department	Position/Title	Start MM/YY	End MM/YY

Give details of projects and responsibilities for each position.

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Continuing Professional Development in Food Science

List IFT Annual Meeting & Food Expo, Section or Division meetings, academic or training courses, symposia, private studies undertaken, etc. For each, please include dates and duration (MM/YY – MM/YY).

Horizontal lines for text entry.

IFT and Other Association Leadership Activity

List elected or volunteer positions held at the IFT Section, Division, or Institute level, and similar positions in other professional societies. For each, include dates (MM/YY – MM/YY) of the office held or service rendered.

Horizontal lines for text entry.

Required

Signature _____ Date _____

Questions?

Call IFT Central at 312.782.8424 or 800.438.3663, or e-mail: memberinfo@ift.org

Mail or Fax Application

Institute of Food Technologists
525 West Van Buren Street
Suite 1000
Chicago, IL 60607-3814 USA

Fax: 312.782.8348

FOR IFT USE

Date _____

Membership Class: PM Member

Signature _____