



## Affiliate Annual Report for Calendar Year 2019

***(Complete Attachment B to be considered for one or more 2020 Affiliate Awards.)***

To maintain compliance with IAFP Constitution and Bylaws, Affiliates must return this completed report. Please send by email to Susan Smith at: [ssmith@foodprotection.org](mailto:ssmith@foodprotection.org).

Please return the following items **electronically** by **Tuesday, February 11, 2020** (late reports will not be considered for awards):

**REQUIRED:**

This completed form (*in English*).

Your Association's membership list (Item 2).

Your Association's list of current term officers (complete Attachment A).

**OPTIONAL:**

Attachment B: Completion required **only** if your Association requests to be considered for one or more Affiliate Awards.

IAFP now accepts **all** Affiliate Annual Reports electronically, including those vying for one or more of the Affiliate Awards. *Affiliates seeking to present the highest quality visual presentation are encouraged to present their Annual Report in the highest quality possible for review by the Selection Committee. To avoid errors and omissions, please limit your submission to ONE email with all attachments.*

Digital photos (with names and descriptions) to appear in the *Affiliate View* quarterly newsletter.

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## New Zealand Association for Food Protection

### 1. Your Official Delegate to IAFP Affiliate Council and Contact

Enter in the fields below the information requested for your Association's official Delegate to the IAFP Affiliate Council and your official Contact for IAFP correspondence. **Delegate must be an IAFP Member.**

**Official Delegate to IAFP Affiliate Council**

Marion Castle

New Zealand Food Safety

Ministry for Primary Industries

PO Box 2526, Wellington, 6140

New Zealand

+64209042473

Marion.castle@mpi.govt.nz

IAFP Member? Y  N

**Official Contact for IAFP Correspondence (indicate “same” if person also serves as Delegate)**

Same as above

IAFP Member? Y  N

**2. Membership List**

- a. Indicate the current total number of members in your Association: 65
- b. How many NEW members joined your Association in 2019? 0
- c. Fax or email your current membership list. Include name, title, complete address, phone number, fax number, and email address of all active members.

**3. Meetings: Annual Meeting/Conference, Educational, Workshops, Webinars, etc.**

- a. On what date(s) was your most recent general membership or major meeting (i.e., Annual Meeting/Conference) during the past year? Please list number of attendees.

The 2019 annual meeting was held in conjunction with the New Zealand Institute of Food Science and Technology annual conference in Christchurch from July 2-4 2019. 21 members attended.

- b. Please provide the date(s) and location of your next scheduled major meeting (i.e., Annual Meeting/Conference):

August 2020, Auckland at the IUoFST 2020 Conference

- c. List all other general membership meetings held in 2019 (excluding board meetings). Include title, dates and attendance numbers.

Name of Meeting	Date(s) Held & # of Attendees
Name of Meeting	Date(s) Held & # of Attendees
Name of Meeting	Date(s) Held & # of Attendees

#### 4. Awards and Scholarships

a. List members honored with an award from your Association and/or IAFP during 2019. Include name of award and qualification for award.

Click here to type recipient's name	Name of Award and how did recipient qualify?
Click here to type recipient's name	Name of Award and how did recipient qualify?
Click here to type recipient's name	Name of Award and how did recipient qualify?
Click here to type recipient's name	Name of Award and how did recipient qualify?
Click here to type recipient's name	Name of Award and how did recipient qualify?

b. List scholarships awarded during 2019; include recipient and qualification for scholarship.

Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
Scholarship Name/Amount	Recipient Name and how did recipient qualify?
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#### 5. Web Communication

*Please be sure to keep the IAFP office on your mailing list for newsletters, email, and other communications to your general membership.*

Please provide your existing Affiliate's Web site address AND date last updated:  
enter Web address here and last update

Did you launch a new Affiliate Web site in 2019? Y  N

## Attachment A (completion required)

### Association Officers List

Provide the contact information requested below for all current officers of your Association. **Please indicate if each officer is an IAFP Member (reminder: Your President and Delegate are required to be IAFP Members).** The information you provide here is published on our website and in select membership materials. The information may be typed in the fields below or may be sent to our office by email, fax or regular mail.

Indicate the term dates (e.g., 2019–2020) for your current Executive Board:

2019 - 2020

President  
Marion Castle  
New Zealand Food Safety  
Ministry for Primary Industries  
PO Box 2526, Wellington, 6140  
+64298942473  
Marion.castle@mpi.govt.nz  
IAFP Member? Y  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
E-mail address  
IAFP Member? Y  N

Officer Title  
Officer Name  
Address 1  
Address 2  
City, State ZIP Country  
Phone Number  
E-mail address  
IAFP Member? Y  N

Officer Title  
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Address 2  
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IAFP Member? Y  N

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IAFP Member? Y  N

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IAFP Member? Y  N

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Address 2  
City, State ZIP Country  
Phone Number  
E-mail address  
IAFP Member? Y  N