



Affiliate Annual Report for Calendar Year 2021 *(Complete Attachment B to be considered for one or more 2022 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.

Please return the following items **electronically** by **Tuesday, March 8, 2022** (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.

California 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

David Shelep
PO Box 3158

Palm Springs, CA 92263
760-413-5157
david@paramountsciences.net

IAFP Member? Y N

Official Contact for IAFP Correspondence (indicate "same" if person also serves as Delegate)

Laurie Clotilde

3566 Star Ridge Road

Hayward, CA 94542

510-599-3705

laurie.clotilde@gmail.com 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 2021? 65
- 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.

N/A

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

TBD

- c. List all other general membership meetings held in 2021 (excluding board meetings). Include title, dates and attendance numbers.

Joint meeting with Southwest AOAC	3Nov2021 (12 RSVPs)
The Great Annual Event	19Jul2021 (19 RSVPs)
Hiring and Getting Hired	20May2021 (25 RSVPs)
Online Networking	20Apr2021 (39 RSVPs)
Regulatory Session: FDA 2021 and Q&A	4Mar2021 (23 RSVPs)
Supply Chain Food Safety Risks and the New Era of Smarter Food Safety	4Feb2021 (44 RSVPs)
Kick-Off	7Jan2021 (60+ RSVPs)

4. Awards and Scholarships

a. List members honored with an award from your Association and/or IAFP during 2021. 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 2021; 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?
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?

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:
www.calfp.org

Did you launch a new Affiliate Web site in 2021? 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., 2021–2022) for your current Executive Board:
enter term dates

President
Laurie Clotilde
3566 Star Ridge Road
Hayward, CA 94542
510-599-3705
laurie.clotilde@gmail.com
IAFP Member? Y N

Vice President
Tom Sidebottom
Address 1
Address 2
City, State ZIP Country
Phone Number
tomhsidebottom@gmail.com
IAFP Member? Y N

Secretary
Luxin Wang
595 Hilgard Lane
3210 Robert Mondavi Institute
South Davis, CA 95616
(530) 752-7552
lxwang@ucdavis.edu
IAFP Member? Y N

Treasurer
Sherman Mah
6460 Dale Street
Buena Park, CA 90621
(714) 287-2132
smah@certified-laboratories.com
IAFP Member? Y N

Delegate
David Shelep
PO Box 3158

Palm Springs, CA 92263
760-413-5157
David@paramountsciences.net
IAFP Member? Y N

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

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

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