



Application for Membership

We hereby apply for membership to the International Foodservice Distributors Association. If elected, we agree to 1. abide by the Association Bylaws, 2. support its activities, and 3. pay prescribed dues.

COMPANY INFORMATION

Corporate Headquarters (Please type or print)

NAME OF FIRM			DATE FOUNDED
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
TELEPHONE	FAX NUMBER	WEBSITE	

CUSTOMER BASE

We are engaged in the distribution of food Yes No

We service the following types of businesses:

- Restaurants
- Hotels
- Schools & Colleges
- Hospital/Nursing Homes
- Government Commissaries
- Cash & Carry (Operate)
- Convenience stores
- Voluntary group retailers
- Unaffiliated independent retailers
- Chains
- Other foodservice (specify): _____

EXPORTING

We export goods to: Asia Europe Latin America Other: _____

CORPORATE STRUCTURE

Public Private Partnership Individual Proprietorship Family Owned

SALES VOLUME (Confidential)

Sales volume (for all distribution divisions) for our most recent fiscal year ending ____/____/____ was \$_____ (U.S. dollars) allocated as:

_____% to foodservice customers
 _____% to retail customers
 _____% to others _____

PAYMENT OF DUES

Enclosed is our check in the amount of \$_____ (U.S. dollars).

Please utilize the IFDA Dues Schedule on the final page of this document to calculate your payment.

Please mail form and payment to:

International Foodservice Distributors Association
P.O. Box 41632
Baltimore, MD 21203-6632

If you have any questions, contact IFDA at 703/532-9400.

PLEASE NOTE: By providing email addresses of staff, your key executives will be automatically signed up for IFDA Daily Update, our daily e-newsletter covering industry-wide issues in foodservice.

COMPANY HEAD OF FIRM

NAME	TITLE	EMAIL
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OTHER KEY EXECUTIVES

NAME	TITLE	EMAIL
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NAME	TITLE	EMAIL
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NAME	TITLE	EMAIL
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NAME	TITLE	EMAIL
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PRIME CONTACT *(for dues billings, questions, etc. if other than head of firm)*

NAME	TITLE	PHONE	EMAIL
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This application for membership is tendered by: *(print name)* _____

SIGNATURE OF COMPANY REPRESENTATIVE	DATE
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ADDITIONAL OPERATION LOCATIONS

If your company has additional foodservice distribution divisions, branches, or subsidiaries (including cash & carry operations), please indicate the total number _____ and complete the following sections. If the number of spaces within this application are not sufficient, please submit additional locations on a separate sheet.

Please complete this section for each additional food distribution division, branch or subsidiary.

1.

NAME OF DIVISION, BRANCH, OR SUBSIDIARY	PHONE
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NAME OF DIVISION HEAD	TITLE	EMAIL	FAX
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STREET ADDRESS	CITY	STATE/PROVINCE	ZIP POSTAL CODE
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MAILING ADDRESS (IF DIFFERENT)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
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2.

NAME OF DIVISION, BRANCH, OR SUBSIDIARY	PHONE
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NAME OF DIVISION HEAD	TITLE	EMAIL	FAX
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STREET ADDRESS	CITY	STATE/PROVINCE	ZIP POSTAL CODE
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MAILING ADDRESS (IF DIFFERENT)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
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3.

NAME OF DIVISION, BRANCH, OR SUBSIDIARY			PHONE
NAME OF DIVISION HEAD	TITLE	EMAIL	FAX
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP POSTAL CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE

4.

NAME OF DIVISION, BRANCH, OR SUBSIDIARY			PHONE
NAME OF DIVISION HEAD	TITLE	EMAIL	FAX
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP POSTAL CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE

5.

NAME OF DIVISION, BRANCH, OR SUBSIDIARY			PHONE
NAME OF DIVISION HEAD	TITLE	EMAIL	FAX
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP POSTAL CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE

6.

NAME OF DIVISION, BRANCH, OR SUBSIDIARY			PHONE
NAME OF DIVISION HEAD	TITLE	EMAIL	FAX
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP POSTAL CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE

7.

NAME OF DIVISION, BRANCH, OR SUBSIDIARY			PHONE
NAME OF DIVISION HEAD	TITLE	EMAIL	FAX
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP POSTAL CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE

A BRIEF SURVEY

In our effort to serve you, we request that you please take a moment to answer the following questions.

1. What is your greatest concern regarding your business?

2. Are there particular legislative or regulatory concerns that are important to you?

3. What do you expect to gain by joining this association?

4. How did you learn about IFDA?

- | | |
|--|--|
| <input type="checkbox"/> Another Association | <input type="checkbox"/> Colleague |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> Other | <input type="checkbox"/> Trade Publication |

5. Do you belong to other trade organizations Yes No

If yes, which organizations (including State Associations)?



1410 Spring Hill Road, Suite 210 • McLean, VA 22102
PH: 703/532-9400 • FAX: 703/538-4673 • Web site: www.ifdaonline.org



Membership Investment Schedule FOR COMPANIES IN THE UNITED STATES

SALES VOLUME			ANNUAL MEMBERSHIP INVESTMENT	
Up to \$5M			\$975	
\$5M	to	\$25M	\$975	+ \$45 for each 1M or fraction over \$5M
\$25M	to	\$50M	\$1,875	+ \$38 for each 1M or fraction over \$25M
\$50M	to	\$100M	\$2,825	+ \$37 for each 1M or fraction over \$50M
\$100M	to	\$250M	\$4,675	+ \$31 for each 1M or fraction over \$100M
\$250M	to	\$750M	\$9,325	+ \$25 for each 1M or fraction over \$250M
\$750M	to	\$1,500M	\$21,825	+ \$22 for each 1M or fraction over \$750M
\$1,500M	to	\$2,500M	\$38,325	+ \$21 for each 1M or fraction over \$1,500M
\$2,500M	to	\$5,000M	\$59,325	+ \$18 for each 1M or fraction over \$2,500M
\$5,000M	to	\$7,500M	\$104,325	+ \$13 for each 1M or fraction over \$5,000M
\$7,500M	to	\$10,000M	\$136,825	+ \$10 for each 1M or fraction over \$7,500M
\$10,000M+			\$161,825	+ \$7 for each 1M or fraction over \$10,000M

M=Million

Dues are capped at \$165,000.

Rates effective as of September 1, 2002.

Annual sales volume is based on the latest fiscal year sales.