



Helping Our Members Succeed

APPLICATION FOR INTERNATIONAL MEMBERSHIP

COMPANY INFORMATION

Corporate Headquarters *(Please type or print)*

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

If your company has additional distribution facilities or satellite facilities, check here.

Customer Base *(check all that apply)*

- Independent Restaurants
- Chain Restaurants
- Education
- Healthcare
- Travel & Leisure
- Business & Industry
- Retail
- Convenience
- Government/Military
- Other (specify): _____

Ownership Type *(check all that apply)*

- C-Corp
- S-Corp
- LLC/Partnership
- Employee Owned (i.e. ESOP)
- Individual Proprietorship

Total number of employees (salaried and hourly): _____

What countries does your company do business in?:

_____	_____
_____	_____
_____	_____
_____	_____

COMPANY HEAD OF FIRM

NAME	TITLE	PHONE	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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CORPORATE LEVEL PERSONNEL

In the spaces provided below, please list the individuals in your organization who oversee the following functions. If an individual oversees more than one functional area, please select a direct report (if available) to be the contact for one of those areas. **Example** – Joe oversees Operations and Transportation, but has a direct report, Bob, who handles the day to day on Transportation. In this case you would list Joe in Operations and Bob in Transportation.

FINANCE

NAME	TITLE
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PHONE	EMAIL
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OPERATIONS (including warehouse management)

NAME	TITLE
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PHONE	EMAIL
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LOGISTICS/SUPPLY CHAIN

NAME	TITLE
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PHONE	EMAIL
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TRANSPORTATION/FLEET MANAGEMENT

NAME	TITLE
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PHONE	EMAIL
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HUMAN RESOURCES

NAME	TITLE
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PHONE	EMAIL
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INFORMATION TECHNOLOGY

NAME	TITLE
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PHONE	EMAIL
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SALES

NAME	TITLE
PHONE	EMAIL

MARKETING

NAME	TITLE
PHONE	EMAIL

CORPORATE COMMUNICATIONS

NAME	TITLE
PHONE	EMAIL

HEALTH/SAFETY/RISK MANAGEMENT

NAME	TITLE
PHONE	EMAIL

FOOD SAFETY/RECALLS

NAME	TITLE
PHONE	EMAIL

PURCHASING/PROCUREMENT

NAME	TITLE
PHONE	EMAIL

DATABASE (provides and verifies company personnel data with IFDA)

NAME	TITLE
PHONE	EMAIL

IFDA MEMBERSHIP INVESTMENT SCHEDULE

FOR COMPANIES OUTSIDE THE UNITED STATES

SALES VOLUME	ANNUAL MEMBERSHIP INVESTMENT
Up to \$50M	\$500
\$50M to \$100M	\$500 + \$5.50 for each 1M or fraction over \$50M
\$100M to \$250M	\$775 + \$5.25 for each 1M or fraction over \$100M
\$250M to \$750M	\$1,563 + \$4.25 for each 1M or fraction over \$250M
\$750M to \$1,500M	\$3,688 + \$3.75 for each 1M or fraction over \$750M
\$1,500M to \$2,500M	\$6,500 + \$3.50 for each 1M or fraction over \$1,500M
\$2,500M to \$5,000M	\$10,000 + \$3.00 for each 1M or fraction over \$2,500M
\$5,000M to \$7,500M	\$17,500 + \$2.25 for each 1M or fraction over \$5,000M
\$7,500M to \$10,000M	\$23,125 + \$1.75 for each 1M or fraction over \$7,500M
\$10,000M+	\$27,500 + \$1 for each 1M or fraction over \$10,000M

Sales must be converted from national currency into U.S. dollars.

FOODSERVICE SALES VOLUME

(Includes all foodservice sales, including foodservice sales to grocery, convenience, etc. This will be kept confidential)

Sales volume (for all distribution divisions) for our most recent fiscal year ending ____/____/____ was

\$ _____ (U.S. dollars)

PAYMENT OF DUES

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

Please charge my: VISA MasterCard American Express

CARD NUMBER

EXPIRATION DATE

NAME ON CARD

This application for membership is tendered by: _____ (print name)

SIGNATURE OF COMPANY REPRESENTATIVE

DATE

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.

