



Helping Our Members Succeed

APPLICATION FOR 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): _____

Buying Group & Other Affiliations (if applicable)

- Convenience Distribution Association
- F.A.B., Inc. (Frosty Acres Brands)
- Federated Foodservice
- Golbon
- Independent Marketing Alliance (IMA)
- Legacy Foodservice Alliance
- National Association of Wholesaler-Distributors
- Pro*Act
- State Restaurant Association
- UniPro Foodservice, Inc.
- Other: _____

We collect the following data so that we can keep you apprised of any government action that could impact the way you operate.

Ownership Type (check all that apply)

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

Inventory Accounting Method

- LIFO
- FIFO
- Weighted Average

Total number of employees (salaried and hourly): _____

Total number of drivers: _____

Percentage of your workforce that is unionized (please put 0 if you are not unionized): _____ %

Are you subject to continuous USDA inspections? yes no

Are you a United States Federal Government contractor? yes no

What is the greatest challenge your company is facing?

What is your primary objective in joining IFDA?

COMPANY HEAD OF FIRM (HOF)

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

PREFIX	NAME	TITLE	PHONE	EMAIL
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CORPORATE LEVEL PERSONNEL

In the spaces provided below, please list the most senior 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 (SFIN)

PREFIX	NAME	TITLE
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PHONE	EMAIL
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OPERATIONS (SOPER) *(including warehouse management)*

PREFIX	NAME	TITLE
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PHONE	EMAIL
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SUPPLY CHAIN/LOGISTICS (SUPLOG)

PREFIX	NAME	TITLE
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PHONE	EMAIL
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TRANSPORTATION/FLEET MANAGEMENT (STRAN)

PREFIX	NAME	TITLE
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PHONE	EMAIL
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HUMAN RESOURCES (SHR)

PREFIX	NAME	TITLE
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PHONE	EMAIL
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INFORMATION TECHNOLOGY (SIT)

PREFIX	NAME	TITLE
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PHONE	EMAIL
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SALES (SSALE)

PREFIX	NAME	TITLE
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PHONE	EMAIL
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MARKETING (SMRKT)

PREFIX	NAME	TITLE
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PHONE	EMAIL
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CORPORATE COMMUNICATIONS (SCOMM)

PREFIX	NAME	TITLE
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PHONE	EMAIL
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HEALTH/SAFETY/RISK MANAGEMENT (SAFE_RISK)

PREFIX	NAME	TITLE
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PHONE	EMAIL
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FOOD SAFETY/RECALLS (SFSAFE)

PREFIX	NAME	TITLE
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PHONE	EMAIL
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PURCHASING/PROCUREMENT (SPRO)

PREFIX	NAME	TITLE
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PHONE	EMAIL
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LEGISLATIVE ISSUES (POINT OF CONTACT) (GR)

PREFIX	NAME	TITLE
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PHONE	EMAIL
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DATABASE CONTACT (DBA) *(provides and verifies company personnel data with IFDA)*

PREFIX	NAME	TITLE
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PHONE	EMAIL
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LEGAL ISSUES (SLEG)

PREFIX	NAME	TITLE
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PHONE	EMAIL
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IFDA 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 to \$15,000M	\$161,825 + \$4 for each 1M or fraction over \$10,000M
\$15,000M to \$20,000M	\$190,825 + \$2 for each 1M or fraction over \$15,000M
\$20,000M+	\$205,825 + \$2 for each 1M or fraction over \$20,000M

M=Million (Dues are capped at \$225,000)

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).

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.

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