



# 2020 Allied Member Application

## APPLICANT INFORMATION *(Please type or print)*

|                                |      |                |                 |
|--------------------------------|------|----------------|-----------------|
| HEAD OF FIRM (NAME/TITLE)      |      | PHONE          | E-MAIL          |
| PRIME CONTACT (NAME/TITLE)     |      | PHONE          | E-MAIL          |
| COMPANY                        |      |                |                 |
| STREET ADDRESS                 | CITY | STATE/PROVINCE | ZIP/POSTAL CODE |
| MAILING ADDRESS (IF DIFFERENT) | CITY | STATE/PROVINCE | ZIP/POSTAL CODE |
| TELEPHONE                      |      | FAX NUMBER     |                 |
| TOLL FREE # (800)              |      | WEBSITE        |                 |

The Company listed above is  an Operating Division or  Subsidiary of:

|                                |      |                |                 |
|--------------------------------|------|----------------|-----------------|
| COMPANY                        |      |                |                 |
| STREET ADDRESS                 | CITY | STATE/PROVINCE | ZIP/POSTAL CODE |
| MAILING ADDRESS (IF DIFFERENT) | CITY | STATE/PROVINCE | ZIP/POSTAL CODE |
| TELEPHONE                      |      | FAX NUMBER     |                 |
| TOLL FREE # (800)              |      | WEBSITE        |                 |

## COMPANY TYPE

- |   |  |
|---|--|
| <input type="checkbox"/> Architectural/Engineering/Construction | <input type="checkbox"/> Supply Chain Products/Services    |
| <input type="checkbox"/> Communication Systems                  | <input type="checkbox"/> Transportation Equipment/Services |
| <input type="checkbox"/> Data Collection Systems/Services       | <input type="checkbox"/> Transportation Operations         |
| <input type="checkbox"/> Financial Services                     | <input type="checkbox"/> Warehouse Equipment/Services      |
| <input type="checkbox"/> Information Technology                 | <input type="checkbox"/> Warehouse Operations              |
| <input type="checkbox"/> Logistics Providers                    | <input type="checkbox"/> Other _____                       |

## ANNUAL ALLIED MEMBER DUES - \$5,650

Full amount must accompany application. Make check payable to International Foodservice Distributors Association. Please mail form and payment to: IFDA, P.O. Box 41632, Baltimore, MD 21203-6632.

Please charge my:  American Express     Visa     MasterCard

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name of Cardholder (Please Print) \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

E-Mail Credit Card Receipt to \_\_\_\_\_

***If accepted for IFDA Allied Membership, we agree to: 1. abide by the Association bylaws, 2. support its activities, and 3. pay the prescribed dues. This application for IFDA Allied Membership is tendered by:***

|           |       |
|-----------|-------|
| NAME      | TITLE |
| SIGNATURE | DATE  |