



Emerging Manufacturer Member (EMM) Application

COMPANY INFORMATION *Required field

*Company Name: _____ *Year Founded: _____
 *Head of Firm Name: _____ *Title: _____ *Email: _____ *Phone: _____
 *Primary Contact Name: _____ *Title: _____ *Email: _____ *Phone: _____
 *Street Address: _____
 *Mailing Address: _____
 _____ *City _____ *State _____ *Zip _____ *Country _____
 *Phone: _____ *Website: _____

Manufacturer Products

***Product line(s) (Select up to x)**

- Accessories/Equipment/Small Wares
- Beverages
- Cleaning Supplies/Chemicals
- Condiments, Sauces, Sugars, Spices
- Eggs & Egg Products/Egg Substitute
- Fats & Oils
- Produce
- Grains
- Meats
- Milk & Dairy/Plant Based Milk Products
- Entrees/Mixed Dishes
- Plant Based Meats
- Poultry
- Seafood
- Snacks & Sweets
- Bread/Rolls/Biscuits
- Baking Supplies/Ingredients
- Frozen Products
- Soups & Broth
- Grains
- Packaging
- Paper Products

Qualifications:

- Annual Sales of **\$500M or less**.
- Company has been in business **minimum of 3 years**.
- Company has a **facility/office located in the US** and/or is currently **doing business in the United States**.
- Distribution footprint **Regional or National**.
- Must be in a **relevant** foodservice product category.
- Must submit completed **Application** with required **dues in USD**.

Please list **any IFDA distributor members you are currently doing business with:** _____

EMERGING MANUFACTURER MEMBER (EMM) DUES - \$5,650 (USD)

Membership is on a calendar year basis, dues billed annually.

Please charge my: **American Express** **Visa** **MasterCard**
 Card # _____ Exp. Date _____
 Name of Cardholder (Please Print) _____ E-Mail Receipt to _____
 Signature _____

Make check payable to: International Foodservice Distributors Association
 Please mail form and payment to: IFDA, P.O. Box 791619, Baltimore, MD 21279-1619

Should you require an invoice for dues billing please contact: Jodee Hunt at jhunt@ifdaonline.org

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

NAME _____ TITLE _____
 SIGNATURE _____ DATE _____