



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)

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