



Pet Industry Distributors Association Affiliate Membership Application

Application is hereby made by the undersigned for admission to Affiliate Membership in the Pet Industry Distributors Association (PIDA). Dues are based on gross sales as indicated on the enclosed dues schedule. Application must be accompanied by a check made payable to PIDA for the first year's membership dues. **Failure to complete all required information may result in the rejection of your application.**

Please type or print.

Company Name _____

Address _____

City _____ State _____ Zip _____

Authorized Representative _____

Title _____

Phone _____ Fax _____

E-mail _____ Website _____

Affiliate Membership

Any firm, company or corporation which is a recognized seller of pet products, livestock or service to wholesaler-distributors in the pet industry shall be eligible for Affiliate Membership. In order to provide a commonality of interest among the members of the association, an applicant for affiliate membership shall meet the following criteria:

1. Be a recognized seller of pet products to wholesaler-distributors;
2. Provide printed catalog and/or merchandise listings;
3. Maintain a sales staff and/or independent representatives; and
4. Have shipped product to pet product wholesaler-distributors for a minimum of 12 months prior to applying for membership.

.....
A. Date you first shipped product to pet product wholesaler-distributors: Month _____ Year _____

B. List your major product(s) _____

C. Please check the following categories for the items you manufacture. *(check all that apply)*

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Aquarium Equipment & Supplies | <input type="checkbox"/> Cat Supplies | <input type="checkbox"/> Publications | <input type="checkbox"/> Small Animal Supplies |
| <input type="checkbox"/> Bird Supplies | <input type="checkbox"/> Dog Supplies | <input type="checkbox"/> Reptile Supplies | <input type="checkbox"/> Other _____ |

D. Number of full time employees: _____

E. What is your primary interest in PIDA membership? *(Check all that apply.)*

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Leadership Conference | <input type="checkbox"/> Surveys | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Seminars | |

F. Do you sell your products exclusively through wholesale distribution? Yes No

On the back of this form, please list pet industry wholesaler-distributors with which you are currently doing business. Include company name, person to contact and phone number. Use a separate sheet of paper if you need more room.

Please include any non-confidential sales promotional material on your product(s) and a copy of your printed letterhead with your application.

Please list pet industry wholesaler-distributors with which you are currently doing business.

<i>Company</i>	<i>Contact Name</i>	<i>Phone</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____

The information presented in the application for Affiliate Membership accurately represents my company. I hereby acknowledge failure to complete all sections of this application may result in the immediate rejection of my membership application.

Signature _____ Date _____

PIDA DUES SCHEDULE

Affiliate (Manufacturer)

Gross Annual Sales:

Dues:

- | | |
|--|---------|
| <input type="checkbox"/> To \$10 million | \$600 |
| <input type="checkbox"/> \$10M - \$30M | \$900 |
| <input type="checkbox"/> \$30M - \$50M | \$1,000 |
| <input type="checkbox"/> \$50M - \$70M | \$1,100 |
| <input type="checkbox"/> \$70M - \$100M | \$1,300 |
| <input type="checkbox"/> \$100M - \$150M | \$2,000 |
| <input type="checkbox"/> \$150M - \$200M | \$3,000 |
| <input type="checkbox"/> \$200M-\$300M | \$4,000 |
| <input type="checkbox"/> \$300M+ | \$6,000 |
| <input type="checkbox"/> _____ Branches @ \$300 each | _____ |

TOTAL AMOUNT DUE:

\$ _____

Please add \$300 per branch site location that you would like to receive PIDA mailings and that you would like to list in the PIDA Membership Roster. (List on reverse side of this form).

Your dues are deductible as an ordinary and necessary business expense, and are not deductible as a charitable contribution.

Please indicate the appropriate dues category and return this form along with your check payable to PIDA, 3465 Box Hill Corporate Center Drive, Suite H, Abingdon, MD 21009. To pay by credit card (Visa, MasterCard, Amex), complete the following:

Card Number: _____ Exp. Date: _____

Card Holder Name: _____ CSC _____

Signature: _____

Cardholder Billing Address: _____

I certify that the above information is true and correct to the best of my knowledge.

Name

Company

Signature

Branch Location:

Street Address

City State Zip E-Mail

Phone Fax Contact Person

Branch Location:

Street Address

City State Zip E-Mail

Phone Fax Contact Person

Branch Location:

Street Address

City State Zip E-Mail

Phone Fax Contact Person