



# PET INDUSTRY DISTRIBUTORS ASSOCIATION

## ACTIVE MEMBERSHIP APPLICATION

Application is hereby made by the undersigned for admission to Active Membership in the Pet Industry Distributors Association. Through application for PIDA membership, I agree to abide by the By-Laws of the association.

Dues are based on gross sales as indicated on the enclosed dues schedule. All applications must be accompanied by a check made payable to the Pet Industry Distributors Association for the first year's membership dues. Please answer all questions completely. Where percentages are required, approximate and rounded figures are acceptable. FAILURE TO COMPLETE ALL INFORMATION MAY RESULT IN THE REJECTION OF YOUR APPLICATION.

Please type or print

Firm Name: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(to be posted to the website for inquiries)

Active Membership Qualifications: Any firm, company or corporation who is a wholesale-distributor of multi-brands of manufactured pet products, which products may include Companion Animal, shall be eligible for Active Membership. The Board of Directors shall have the authority to determine the eligibility of any applicant for active membership and may consider all relevant facts including but not limited to the following:

- (a) The number of manufacturers whose products are resold by the applicant to independent retailers.
- (b) The length of time the applicant has been in business as a wholesale-distributor of pet products.
- (c) The number of independent retailers who recognize the applicant as a wholesale-distributor of pet products. For the purposes of this Section 2 "independent retailers" shall not include any retail outlet in which the applicant or any officer, director, employee or partner of the applicant, has any financial interest including, but not limited to any direct or indirect owner-ship of stock, leases, loans or the like.
- (d) The size and nature of the applicant's warehouse facility and its location with respect to any retail pet outlet.
- (e) The type of catalog or merchandise listing which the applicant uses in the sale of the products it distributes.
- (f) The nature of its sales staff and other services which it provides to its customers.
- (g) The method which it uses to deliver products to its customers.

A. Our company is (check one):  Single Proprietorship  Partnership  Corporation

Please list Officers/Partners/Owners: \_\_\_\_\_

B. We are a subsidiary/affiliate of \_\_\_\_\_  
Parent Firm

C. The following are subsidiary/affiliates of our firm: \_\_\_\_\_  
\_\_\_\_\_

D. At this time, we consistently purchase from approximately (\_\_\_\_\_) pet industry manufacturers for resale to independent retailers.

E. At the end of this application please list the name, address, person to contact and phone number of pet industry manufacturers with which you have open account terms and by whom you are recognized as a non-rack service, wholesaler-distributor of their line of goods.

F. At the end of this application please list the name, address, person to contact and telephone number of independent retailers that recognize your company as a distributor of pet products.

G. Under our present management, we have been in business since the month of \_\_\_\_\_, in the year \_\_\_\_\_.

H. In our firm, we presently employ approximately (\_\_\_\_\_) persons, whose primary category of employment is as follows:

|                           |                        |
|---------------------------|------------------------|
| _____ Warehouse Personnel | _____ Salespersons     |
| _____ Route Salespersons  | _____ Office Personnel |
| _____ Delivery Persons    | _____ Other _____      |

I. Is your warehouse physically connected to any retail pet outlet?  Yes  No

J. We occupy an approximate total of \_\_\_\_\_ square feet in our building(s), of which: \_\_\_\_\_ square feet is warehouse space; \_\_\_\_\_ square feet is office space; and \_\_\_\_\_ square feet is other than warehouse and office space.

K. Our firm has \_\_\_\_\_ branch locations. List addresses of branches on other form.

L. Total Annual Company Sales (including branches):

|                                     |                                      |
|-------------------------------------|--------------------------------------|
| (_____) Less than \$10,000,000      | (_____) \$30,000,000 - \$100,000,000 |
| (_____) \$10,000,000 - \$30,000,000 | (_____) More than \$100,000,000      |

M. As related to the total annual sales volume of our firm:

- a) \_\_\_\_\_ % is comprised of sales of pet supplies and/or livestock.  
b) \_\_\_\_\_ % is other than above. Specify \_\_\_\_\_
- a) \_\_\_\_\_ % is comprised of sales at wholesale to retail dealers.  
b) \_\_\_\_\_ % is comprised of sales at retail.
- a) \_\_\_\_\_ % is in sales of manufactured merchandise (non-livestock).  
b) \_\_\_\_\_ % is in sales of livestock.
- a) \_\_\_\_\_ % is in sales to "non-rack" type, retail outlets.  
b) \_\_\_\_\_ % is in sales to "rack service" type, retail outlets.
- a) \_\_\_\_\_ % is picked up at our warehouse by our accounts.  
b) \_\_\_\_\_ % is delivered via our own delivery vehicles.  
c) \_\_\_\_\_ % is shipped via commercial methods.

N. Distribution Area: Check states included in your distribution area: (check all that apply)

|   |                                   |  |   |   |  |
|---|-----------------------------------|--|---|---|--|
| <input type="checkbox"/> Alabama              | <input type="checkbox"/> Florida  | <input type="checkbox"/> Louisiana     | <input type="checkbox"/> Nebraska       | <input type="checkbox"/> Oklahoma       | <input type="checkbox"/> Utah          |
| <input type="checkbox"/> Alaska               | <input type="checkbox"/> Georgia  | <input type="checkbox"/> Maine         | <input type="checkbox"/> Nevada         | <input type="checkbox"/> Oregon         | <input type="checkbox"/> Vermont       |
| <input type="checkbox"/> Arizona              | <input type="checkbox"/> Hawaii   | <input type="checkbox"/> Maryland      | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> Pennsylvania   | <input type="checkbox"/> Virginia      |
| <input type="checkbox"/> Arkansas             | <input type="checkbox"/> Idaho    | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Puerto Rico    | <input type="checkbox"/> Washington    |
| <input type="checkbox"/> California           | <input type="checkbox"/> Illinois | <input type="checkbox"/> Michigan      | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> Rhode Island   | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Colorado             | <input type="checkbox"/> Indiana  | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> New York       | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Wisconsin     |
| <input type="checkbox"/> Connecticut          | <input type="checkbox"/> Iowa     | <input type="checkbox"/> Mississippi   | <input type="checkbox"/> North Carolina | <input type="checkbox"/> South Dakota   | <input type="checkbox"/> Wyoming       |
| <input type="checkbox"/> Delaware             | <input type="checkbox"/> Kansas   | <input type="checkbox"/> Missouri      | <input type="checkbox"/> North Dakota   | <input type="checkbox"/> Tennessee      |  |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Montana       | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Texas          | <input type="checkbox"/> Canada        |

O. Please check the following categories for the items you distribute. (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 _____           |

P. Our firm presently holds memberships in the following trade associations. \_\_\_\_\_

Q. Please send any non-confidential sales promotional material on your company and a copy of your printed letterhead.

The information presented in this application for Active 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: \_\_\_\_\_

# Pet Industry Manufacturers

| COMPANY   | PHONE | CONTACT PERSON |
|-----------|-------|----------------|
| 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. _____ | _____ | _____          |

# Independent Retailers

| COMPANY   | PHONE | CONTACT PERSON |
|-----------|-------|----------------|
| 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. _____ | _____ | _____          |

# PIDA DUES SCHEDULE

## Active & Pet Food Wholesaler

Gross Annual Sales:

Dues:

|                          |                             |    |          |
|--------------------------|-----------------------------|----|----------|
| <input type="checkbox"/> | To \$10 million             | \$ | 600.00   |
| <input type="checkbox"/> | \$10 - \$30 m               |    | 900.00   |
| <input type="checkbox"/> | \$30 - \$50 m               |    | 1,000.00 |
| <input type="checkbox"/> | \$50 - \$70 m               |    | 1,100.00 |
| <input type="checkbox"/> | \$70 - \$100 m              |    | 1,300.00 |
| <input type="checkbox"/> | \$100 - \$150 m             |    | 2,000.00 |
| <input type="checkbox"/> | \$150 - \$200 m             |    | 3,000.00 |
| <input type="checkbox"/> | \$200 & \$300 m             |    | 4,000.00 |
| <input type="checkbox"/> | \$300 m +                   |    | 6,000.00 |
| <input type="checkbox"/> | _____ Branches @ \$300 each |    | _____    |

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

Please add \$300.00 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 Dr., Suite H, Abingdon, MD 21009. To pay by credit card (Visa, MasterCard, Amex), complete the following:

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(over)

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