



# PET INDUSTRY DISTRIBUTORS ASSOCIATION

## MANUFACTURER REPRESENTATIVE MEMBERSHIP APPLICATION

Application is hereby made by the undersigned for admission to Manufacturer Representative Membership in the Pet Industry Distributors 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 (PIDA) for first year membership dues. FAILURE TO COMPLETE ALL INFORMATION MAY RESULT IN THE IMMEDIATE REJECTION OF YOUR APPLICATION.

(Please type or print)

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

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

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

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

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

**Manufacturer Representative Membership:** Any person, firm, company or corporation which is a recognized representative of a manufacturer(s) or a firm, company or corporation providing services or products to wholesaler-distributors in the pet industry is eligible for Manufacturer Representative Membership.

A. Number of years in the pet industry: \_\_\_\_\_

B. List the Manufacturers you currently represent:

_____	_____
_____	_____
_____	_____

C. In the space provided please list a minimum of five (5) pet industry wholesaler-distributors with whom you are currently doing business. Include company name, person to contact, address and phone number.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Number of full-time employees: \_\_\_\_\_

E. Please send a copy of your printed letterhead.

The information presented in the Application for Manufacturer Representative 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: \_\_\_\_\_

*Please return to:*

**PET INDUSTRY DISTRIBUTORS ASSOCIATION**

3465 Box Hill Corporate Center Drive, Suite H • Abingdon, MD 21009 • 443-640-1060 • Fax: 443-640-1086

# PIDA DUES SCHEDULE

## Manufacturer Representative

**Gross Annual Sales:**

**Dues:**

<input type="checkbox"/>	To \$10 million	\$	300.00
<input type="checkbox"/>	\$10 - \$30		800.00
<input type="checkbox"/>	\$30 - \$50		900.00
<input type="checkbox"/>	\$50 - \$70		1000.00
<input type="checkbox"/>	\$70 - \$100		1,100.00
<input type="checkbox"/>	\$100 - \$150		1,700.00
<input type="checkbox"/>	\$150 - \$200		2,200.00
<input type="checkbox"/>	\$200 & above		3,300.00

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., Ste. H, Abingdon, MD 21009.

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

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Name

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Company

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Signature