



# 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 \_\_\_\_\_ Internet \_\_\_\_\_

### 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)*  
 Aquarium Equipment & Supplies       Cat Supplies       Publications       Small Animal Supplies  
 Bird Supplies       Dog Supplies       Reptile Supplies       Other \_\_\_\_\_

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

E. What is your primary interest in PIDA membership? *(Check all that apply.)*  
 Annual Meeting       Compensation Survey       Other \_\_\_\_\_  
 Profit Survey       Teleconferences

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	\$500
<input type="checkbox"/> \$10M - \$30M	\$750
<input type="checkbox"/> \$30M - \$50M	\$850
<input type="checkbox"/> \$50M - \$70M	\$975
<input type="checkbox"/> \$70M - \$100M	\$1,100
<input type="checkbox"/> \$100M - \$150M	\$1,600
<input type="checkbox"/> \$150M - \$200M	\$2,150
<input type="checkbox"/> \$200M - \$300M	\$3,200
<input type="checkbox"/> \$300M+	\$4,300
<input type="checkbox"/> _____ Branches @\$100 ea	_____
<b>Total Amount Due:</b>	_____

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Please add \$100 per branch site location that you would like to receive PIDA mailings and be listed in the PIDA membership roster. (list branches 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 made payable to PIDA, 2101 Laurel Bush Rd, Suite 200, Bel Air, MD 21015. To pay by credit card, complete the following: (Visa, MasterCard, Amex)

Card Number: \_\_\_\_\_ Exp date: \_\_\_\_\_ / \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

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

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

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

Branch Location:

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Street Address

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City	State	Zip	E-Mail
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Phone	Fax	Contact Person
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Branch Location:

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Street Address

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City	State	Zip	E-Mail
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Phone	Fax	Contact Person
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Branch Location:

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Street Address

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City	State	Zip	E-Mail
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Phone	Fax	Contact Person
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