



PET INDUSTRY DISTRIBUTORS ASSOCIATION

DISTRIBUTOR MEMBERSHIP APPLICATION

Application is hereby made by the undersigned for admission to Distributor 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 with payment for the first year's membership dues. Please answer all questions completely. FAILURE TO COMPLETE ALL INFORMATION ON THIS APPLICATION WILL 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: _____

Alternate Contact: _____ Phone: _____ Email: _____

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

- i. The number of manufacturers whose products are sold by the applicant to independent retailers.
- ii. The length of time the applicant has been in business as a wholesale distributor of pet products.
- iii. The number of independent retailers that recognize the applicant as a wholesale distributor of pet products.
- iv. The size and nature of the applicant's warehouse facility and its location with respect to any retail pet outlet.
- v. The type of catalog or merchandise listing that the applicant uses in the sale of the products it distributes.
- vi. The nature of the applicant's sales staff and other services provided to customers.
- vii. The Methods that the applicant uses to deliver products to customers.

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

B. We are a subsidiary/affiliate of: _____

C. The following are subsidiaries/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 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:

____ Salespersons ____ Office Personnel ____ Warehouse Personnel ____ Delivery Personnel ____ 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. _____ square feet is other than warehouse and office space.

K. Total Annual Company Sales: (_____) Less than \$10,000,000 (_____) \$10,000,000 - \$50,000,000 (_____) \$50,000,000 to \$100,000,000

(_____) \$100,000,000 - \$200,000,000 (_____) \$200,000,000 to \$300,000,000 (_____) More than \$300,000,000

L. What is your primary interest in Membership? Leadership Conference Global Pet Expo Surveys Seminars

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

PET INDUSTRY MANUFACTURERS

Provide list of pet industry manufacturers whose products are resold by applicant to independent pet retailers (required)

COMPANY	EMAIL	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

*List independent retailers who recognize applicant as wholesaler - distributor of pet products
(required)*

COMPANY	EMAIL	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

Distributor Membership

Gross Annual Sales:	Dues:
<input type="checkbox"/> Up to \$10 million	\$600
<input type="checkbox"/> \$10 million to \$50 million	\$1,000
<input type="checkbox"/> \$50 million to \$100 million	\$1,300
<input type="checkbox"/> \$100 million to \$200 million	\$3,000
<input type="checkbox"/> \$200 million to \$300 million	\$4,000
<input type="checkbox"/> \$300 million and above	\$6,000

Your dues are deductible as an ordinary and necessary business expense, and are not deductible as a charitable contribution. PIDA estimates that 7% of your dues are not deductible because of PIDA's lobbying activities on behalf of its members.

Our tax ID is: 36-2665370

Please return this form along with your check payable to PIDA, 3465 Box Hill Corporate Center Drive, Suite H, Abingdon, MD 21009 or email to Nina Bull at nbull@msp-amc.com.

To pay by credit card (Visa, MasterCard, Amex), complete the following:

Card Number: _____ Exp. Date: _____

Card Holder Name: _____ CVC: _____

Signature: _____

Cardholder Billing Address: _____

The information presented in this application for Distributor 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.

Name: _____

Company: _____

Signature: _____