



# PET INDUSTRY DISTRIBUTORS ASSOCIATION

## ASSOCIATE MEMBERSHIP APPLICATION

Application is hereby made by the undersigned for admission to Associate Membership in the Pet Industry Distributors Association. Dues for Associate Membership are \$400.00 year per company. Your dues are deductible as an ordinary and necessary business expense, and are not deductible as a charitable contribution. 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: \_\_\_\_\_

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

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

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

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

Website: \_\_\_\_\_

**Associate Membership Qualifications:** Any person, firm, or corporation which is a member of the pet industry trade press or which sells non-pet products or services, such as computer hardware, software or insurance, to pet industry distributors or retailers shall be eligible for Associate Membership. Companies that are suppliers of raw materials or packaging products to manufacturers are not eligible for Associate Membership.

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

B. Describe your business operations: \_\_\_\_\_

C. Our annual pet industry sales volume is \$ \_\_\_\_\_

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

E. Please send any non-confidential sales promotional material on your product(s) or services and a copy of your printed letterhead.

The information presented in the Application for Associate 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: 410-569-3340

# Pet Industry Distributors Association

## **Associate** Membership Application

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

Please 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: \_\_\_\_\_ Cs C?

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

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

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