PET INDUSTRY DISTRIBUTORS ASSOCIATION

PET WHOLESALER MEMBERSHIP APPLICATION

Application is hereby made by the undersigned for admission to Pet Wholesaler Membership in the Pet Industry Distributors Association. Dues are $475.00 per 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: ____________________________ Website: ____________________________

Address: ______________________________

City: __________________ State: __________ Zip: __________

Authorized Representative: ______________ Title: ____________________________

Telephone: (____) __________ FAX: (____) __________ E-Mail: ____________________

Pet Wholesaler Membership Qualifications: Any firm, company or corporation which is a recognized wholesaler-distributor of live animals and who is not principally engaged in the sale and distribution of pet products shall be eligible for Pet Wholesaler Membership. In order to provide a commonality of interest among the members of the Association, a wholesale distributor of live animals shall meet each of the following criteria:

(a) Purchase live animals from transshippers, breeders, and suppliers of live animals for resale to independent retailers.

(b) Have been in business as a live animal wholesaler-distributor in the pet industry for twenty-four or more months immediately preceding the date of its application.

(c) Be a recognized wholesale distributor of live animals by a minimum of twenty-five (25) independent retailers. For the purposes hereof “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 ownership of stock, leases, loans or the like.

(d) Maintains permanent live animal holding facilities designed for the housing, conditioning, and humane care of animals. A holding facility shall not include vehicles, trailers or utilization of common carrier facilities for housing, processing and/or transshipping.

(e) Maintains a sales staff and publishes live animal inventory lists.

(f) Provides evidence that it possesses the requisite state, local and federal licenses, registrations or permits for purchasing, holding, selling or distributing live animals. Any firm, company or corporation which is engaged in livestock transshipment activities will not be eligible for Pet Wholesaler Membership.

A. Number of years in the pet industry: ____________________________

B. List your major live animal types: ____________________________

C. Our annual pet industry sales volume is: $ ____________________________

D. Number of full-time employees: ____________________________

E. On the reverse side of this application please list a minimum of twenty-five (25) independent retailers with whom you are currently doing business and are a recognized live animal wholesaler. Include company name, person to contact, address and phone number.
Please send any non-confidential sales promotional material and a copy of your printed letterhead.

The information presented in this Application for Pet Wholesaler 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
Your dues are deductible as an ordinary and necessary business expense, and 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:________________________________________CSC__________
Signature:_________________________________________________________
Cardholder Billing Address:__________________________________________

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

Name:___________________________________________________________
Company:________________________________________________________
Signature:________________________________________________________