



PET INDUSTRY DISTRIBUTORS ASSOCIATION

PET WHOLESALER MEMBERSHIP APPLICATION

Application is hereby made by the undersigned for a mission to Pet Wholesaler Membership in the Pet Industry Distributors Association. Dues are per year per company. All applications must be accompanied by payment for the first year's 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:

- i. The source of the applicant's pets.
- ii. The length of time the applicant has been in business as a wholesale distributor of pets or live animal feed.
- iii. The number of independent retailers who recognize the applicant as a wholesale distributor of pets or live animal feed.
- iv. Whether or not the applicant maintains permanent holding facilities* designed for the housing, conditioning and humane care of animals.
- v. Whether the applicant maintains a sales staff and publishes pet inventory lists.
- vi. Whether the applicant possesses the requisite state, local and federal licenses, regulations or permits for purchasing, holding, selling or distributing pets.

Any entity that is engaged in trans-shipment activities shall 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.

*For the purposes of these R&Rs, the term "holding facility" shall not include vehicles, trailers or the utilization of common carrier facilities for housing, processing and/or trans-shipping.

COMPANY

PHONE

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.	_____	_____	_____

F. 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: _____

PET INDUSTRY DISTRIBUTORS ASSOCIATION

PO Box 347 • 1000 W Valley Road • Southeastern, PA 19399 • 610-257-7893 • Email: info@pida.org

Pet Industry Distributors Association Pet Wholesaler Membership Application

Your dues are deductible as an ordinary and necessary business expense, and are not deductible as a charitable contribution. PIDA estimates that 15% 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, PO Box 347, 1000 W Valley Road, Southeastern, PA 19399 or email info@pida.org.

Pet Wholesalers Dues: \$475

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

Card Number: _____ Exp. Date: _____

Card Holder Name: _____ CVC: _____

Signature: _____

Cardholder Billing Address: _____

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Name: _____

Company: _____

Signature: _____