Pet Industry Distributors Association
Manufacturer Membership Application

Application is hereby made by the undersigned for admission to Manufacturer 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 payment 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: _____ Website: _____

Manufacturer 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 Manufacturer 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:

i. Be a recognized seller of pet products to wholesaler-distributors.
ii. Provide printed or electronic catalogues or merchandise listings.
iii. Maintain a sales staff or independent representatives.
iv. Have shipped product to pet product wholesaler distributors for a minimum of 12 months prior to applying for membership in a Corporation.

The Board of Directors (or its delegees) shall have discretion to determine whether an applicant shall be admiteed as a Manufacturer Member.

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 ☐ Bird Supplies ☐ Cat Supplies ☐ Dog Supplies ☐ Publications ☐ Reptile Supplies ☐ Small Animal Supplies ☐ Other _____

D. Number of full time employees: _____

E. What is your primary interest in PIDA membership? *(Check all that apply.)*

☐ Leadership Conference ☐ Networking ☐ Surveys ☐ Seminars ☐ Other _____

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.

	Company	*Contact Name*	*Phone*
1.			
2.			
3.			
4.			
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8.			
9.			
10.			
11.			
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25.			

The information presented in the application for Manufacturer 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

Manufacturer

Gross Annual Sales:	Dues:
☐ Up to $10 million	$640
☐ $10 million to $50 million	$1,060
☐ $50 million to $100 million	$1,380
☐ $100 million to $250 million	$3,185
☐ $250 million and above	$6,365

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.

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 Manufacturer 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: _____

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