PET INDUSTRY DISTRIBUTORS ASSOCIATION

MANUFACTURER REPRESENTATIVE MEMBERSHIP APPLICATION

Application is hereby made by the undersigned for admission to Manufacturer Representative Membership in the Pet Industry Distributors Association. Dues are based on gross sales as indicated on the enclosed dues schedule. All applications must be accompanied by payment for 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: _____

Manufacturer Representative Membership: Any person or entity who/that is a recognized representative of a manufacture or of an entity providing services or products to wholesale distributors in the pet industry is eligible for Manufacturer Representative Membership. The Board of Directors (or its delegees) shall have discretion to determine whether an applicant shall be admitted as a Manufacturer Representative Member.

A. Number of years in the pet industry: _____

B. List the Manufacturers you currently represent:

_____ _____

_____ _____

_____ _____

C. In the space provided please list a minimum of five (5) pet industry wholesaler-distributors with whom you are currently doing business. Include company name, person to contact, address and phone number.

_____

_____

_____

_____

_____

D. Number of full-time employees: _____

E. Please send a copy of your printed letterhead.

The information presented in the Application for Manufacturer Representative 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

PIDA DUES SCHEDULE

Manufacturer Representative Membership

	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: _____

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Name: _____

Company: _____

Signature: _____

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