



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 year per company. 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 or entity who/that is a member of the pet industry trade press or who/that sells non-pet products or services (e.g., technology, insurance) to pet industry wholesaler distributors or retailers shall be eligible for Associate Membership. Persons and entities that merely supply raw materials or packaging products to manufacturers of pet products are not eligible for Association Membership. The Board of Directors (or its delegates) shall have discretion to determine whether an applicant shall be admitted as an Associate Member.

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: _____

Pet Industry Distributors Association

Associate 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.

Associate Dues: \$400

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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