



# 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](mailto:info@pida.org)

# PIDA DUES SCHEDULE

## Manufacturer Representative Membership

Gross Annual Sales:	Dues:
<input type="checkbox"/> Up to \$10 million	\$600
<input type="checkbox"/> \$10 million to \$50 million	\$1,000
<input type="checkbox"/> \$50 million to \$100 million	\$1,300
<input type="checkbox"/> \$100 million to \$250 million	\$3,000
<input type="checkbox"/> \$250 million and above	\$6,000

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](mailto: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 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

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Signature: \_\_\_\_\_

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