



PET INDUSTRY DISTRIBUTORS ASSOCIATION

PET WHOLESALER MEMBERSHIP APPLICATION

Application is hereby made by the undersigned for admission to Pet Wholesaler Membership in the Pet Industry Distributors Association. Dues are \$475 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 you 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: _____