



# 2024 Allied Member Application

## APPLICANT INFORMATION *(Please type or print)*

HEAD OF FIRM (NAME/TITLE)		PHONE	E-MAIL
PRIME CONTACT (NAME/TITLE)		PHONE	E-MAIL
COMPANY			
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
TELEPHONE		FAX NUMBER	
TOLL FREE # (800)		WEBSITE	

The Company listed above is  an Operating Division or  Subsidiary of:

COMPANY			
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
TELEPHONE		FAX NUMBER	
TOLL FREE # (800)		WEBSITE	

## COMPANY TYPE

- |                                                                 |                                                            |
|-----------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Architectural/Engineering/Construction | <input type="checkbox"/> Supply Chain Products/Services    |
| <input type="checkbox"/> Communication Systems                  | <input type="checkbox"/> Transportation Equipment/Services |
| <input type="checkbox"/> Data Collection Systems/Services       | <input type="checkbox"/> Transportation Operations         |
| <input type="checkbox"/> Financial Services                     | <input type="checkbox"/> Warehouse Equipment/Services      |
| <input type="checkbox"/> Information Technology                 | <input type="checkbox"/> Warehouse Operations              |
| <input type="checkbox"/> Logistics Providers                    | <input type="checkbox"/> Other _____                       |

## ANNUAL ALLIED MEMBER DUES - \$5,950

Full amount must accompany application. Make check payable to International Foodservice Distributors Association. Please mail form and payment to: IFDA, P.O. Box 791619, Baltimore, MD 21279-1619.

Please charge my:  American Express     Visa     MasterCard

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name of Cardholder (Please Print) \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

E-Mail Credit Card Receipt to \_\_\_\_\_

***If accepted for IFDA Allied Membership, we agree to: 1. abide by the Association bylaws, 2. support its activities, and 3. pay the prescribed dues. This application for IFDA Allied Membership is tendered by:***

NAME	TITLE
SIGNATURE	DATE