



2026 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

- ☐ Architectural/Engineering/Construction
- ☐ Communication Systems
- ☐ Data Collection Systems/Services
- ☐ Financial Services
- ☐ Information Technology
- ☐ Logistics Providers

- ☐ Supply Chain Products/Services
- ☐ Transportation Equipment/Services
- ☐ Transportation Operations
- ☐ Warehouse Equipment/Services
- ☐ Warehouse Operations
- ☐ Other _____

ANNUAL ALLIED MEMBER DUES - \$6,150.00

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

NAME	TITLE
SIGNATURE	DATE

Please send completed application to Davide Coffield, dcoffield@ifdaonline.org.

Once the application has been received and reviewed an invoice with payment instructions will follow. Once payment has been received application, will be considered accepted.