



# 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 David Coffield, [dcoffield@ifdaonline.org](mailto: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.