INTERNATIONAL FOODSERVICE DISTRIBUTORS ASSOCIATION

Emerging Partner Application

COMPANY INFORMATION *Required field

*Company Name: _____ *Year Founded:_____
*Head of Firm Name:_____ *Title:_____ *Email:_____ *Phone:_____
*Primary Contact Name:_____ *Title:_____ *Email:_____ *Phone:_____
*Street Address:_____
*Mailing Address:_____
*City *State *Zip *Country
*Phone:_____ *Website:_____

Manufacturer Products
***Product line(s) (Select up to x)**

❑ Accessories/Equipment/Small Wares ❑ Produce ❑ Poultry ❑ Frozen Products
❑ Beverages ❑ Grains ❑ Seafood ❑ Soups & Broth
❑ Cleaning Supplies/Chemicals ❑ Meats ❑ Snacks & Sweets
❑ Condiments, Sauces, Sugars, Spices ❑ Milk & Dairy/Plant Based Milk Products ❑ Grains
❑ Eggs & Egg Products/Egg Substitute ❑ Entrees/Mixed Dishes ❑ Bread/Rolls/Biscuits ❑ Packaging
❑ Fats & Oils ❑ Plant Based Meats ❑ Baking Supplies/Ingredients ❑ Paper Products

Qualifications:

Annual Sales of **$500M or less**.
Company has been in business **minimum of 3 years.**
Company has a **facility/office located in the US** and/or is currently **doing business in the United States.**
Distribution footprint **Regional or National**.
Must be in a **relevant** foodservice product category.
Must submit completed **Application** with required **dues in USD.**

Please list **any IFDA distributor members you are currently doing business with:**_____

_____

EMERGING Partner Membership DUES - $6,350 (USD)

Membership is on a calendar year basis, dues billed annually.

Please charge my: **American Express** **Visa** **MasterCard**
Card #_____ Exp. Date_____

Name of Cardholder (Please Print)_____ E-Mail Receipt to _____

Signature_____

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

Should you require an invoice for dues billing please contact: Lisa Broyhill at lbroyhill@ifdaonline.org

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

NAME_____ TITLE_____

SIGNATURE_____ DATE_____