



APPLICATION FOR ASSOCIATE MEMBERSHIP

RETURN COMPLETED FORM TO:
PENNSYLVANIA FOOD MERCHANTS ASSOCIATION
 P.O. BOX 870 Camp Hill, PA 17001-0870 (717) 731-0600
 TOLL FREE 800-543-8207 FAX (717) 731-5472

Visit our web site at <http://www.pfma.org>
 E-mail: pfma@pfma.net

Wholesalers and Suppliers of goods and services to the Retail Food Industry are invited to affiliate with the Pennsylvania Food Merchants Association and Pennsylvania Convenience Store Council as Associate Members. As an Associate Member of PFMA you join a prestigious group of suppliers enjoying the services and recognition provided by one of the nation's largest and most respected food industry associations.

(PLEASE PRINT OR TYPE) _____ 20__

COMPANY NAME _____ T/A _____

CONTACT _____

TITLE _____ PHONE _____

FAX _____ E-Mail _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ WEB SITE ADDRESS _____

TYPES OF GOODS OR SERVICES OFFERED: (Check Appropriate Box)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Coupons | <input type="checkbox"/> General | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Dairy | <input type="checkbox"/> General Merchandise | <input type="checkbox"/> Produce |
| <input type="checkbox"/> Associations | <input type="checkbox"/> Deli/Meats | <input type="checkbox"/> Insurance | <input type="checkbox"/> Site Selection |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Eggs/Poultry | <input type="checkbox"/> Legal | <input type="checkbox"/> Snack Foods |
| <input type="checkbox"/> Beverages | <input type="checkbox"/> Electricity | <input type="checkbox"/> Loss Prevention | <input type="checkbox"/> Training |
| <input type="checkbox"/> Builders | <input type="checkbox"/> Energy & Equipment | <input type="checkbox"/> Marketing | <input type="checkbox"/> Wholesalers |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Financial | <input type="checkbox"/> Money Services | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Center Store | <input type="checkbox"/> Frozen Foods | <input type="checkbox"/> Pet Food | |

***Briefly Describe your product or service**

ASSOCIATE MEMBERSHIP DUES (All sales figures are confidential)

**Pennsylvania Food Merchants Association
 Pennsylvania Convenience Store Council
 Associate Membership**

Dues are based on total sales in Pennsylvania

0-24 Million	.....\$ 250
25-99 Million	.....\$1,000
100-199 Million	.....\$3,000
Over 200 Million	.....\$5,000

**Pennsylvania Pharmacy Council
 Associate Membership**

Dues are based on total sales in PA & DE

0-24 Million	.....\$ 250
25-99 Million	.....\$ 500
100-199 Million	.....\$1,500
Over 200 Million	.....\$2,000

**Delaware Food Industry Council
 Associate Membership**

Dues are based on total sales in Delaware

0-24 Million	.....\$ 250
25-99 Million	.....\$ 500
100-199 Million	.....\$1,500
Over 200 Million	.....\$2,000

Join these groups and save

**PFMA/PCSC/PPC or PFMA/PCSC/DFIC
 Combined Associate Membership**

Dues are based on total sales in Pennsylvania or in Pennsylvania and Delaware (where applicable).

0-24 Million	.....\$ 400
25-99 Million	.....\$1,400
100-199 Million	.....\$4,000
Over 200 Million	.....\$6,000

**PFMA/PCSC/PPC/DFIC Combined
 Associate Membership**

Dues are based on total sales in PA & DE

0-24 Million	.....\$ 600
25-99 Million	.....\$1,800
100-199 Million	.....\$5,000
Over 200 Million	.....\$8,000

I am pleased to give our commitment to become an Associate Member of:

- | | |
|---|---|
| <input type="checkbox"/> Pennsylvania Food Merchants Association/Pennsylvania Convenience Store Council | <input type="checkbox"/> Delaware Food Industry Council |
| <input type="checkbox"/> Pennsylvania Pharmacy Council | <input type="checkbox"/> PFMA/PCSC/DFIC Combined |
| <input type="checkbox"/> PFMA/PCSC/PPC Combined | <input type="checkbox"/> PFMA/PCSC/PPC/DFIC Combined |

Annual Total Sales _____ (required to process application)

Check enclosed \$ _____ Or Visa Mastercard American Express Discover (see below)

Name as it appears on Card _____

Credit Card Number _____ Expiration Date _____

Authorized Signature _____ Date _____