



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
Pennsylvania Pharmacy Council Associate Membership

Return your application to:

Pennsylvania Food Merchants Association
P.O. Box 870
Camp Hill, PA 17001-0870

Dues are based on total sales in Pennsylvania

0-24 Million	\$ 300
25-99 Million	\$1,200
100-199 Million	\$3,500
Over 200 Million	\$6,000

Questions? Call Association Services
800-543-8207, ext. 3165 or email: pfma@pfma.net

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

- Pennsylvania Food Merchants Association/Pennsylvania Convenience Store Council/Pennsylvania Pharmacy Council

Annual Total Sales _____ (required to process application)

Check enclosed \$ _____ Or Visa Mastercard American Express Discover

Name as it appears on Card _____

Credit Card Number _____ Expiration Date _____

Authorized Signature _____ Date _____