



Pennsylvania Food Merchants Association
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RETAIL MEMBERSHIP APPLICATION

(PLEASE PRINT OR TYPE) Date _____ ID# _____ (FOR OFFICE USE ONLY)

Company Name _____ DBA Name _____

Store Address _____ County _____

City _____ State _____ Zip _____ E-Mail _____

Phone (_____) _____ Fax (_____) _____ Web site _____

Billing Address (If different from Store/Company Address) _____

Proprietor / Owner Name(s) _____

Owner(s) Social Security Number(s) _____

Home Address _____ City _____

State _____ Zip _____ Phone _____ Fax _____ E-Mail _____

State Sales Tax Number _____ or Federal Employer ID Number _____

Principal Grocery Supplier _____

Type of Operation (Check One)
 Supermarket Convenience Store Pharmacy Superette Delicatessen Other _____

Type of Ownership (Check all that apply)
 Sole Proprietor Partnership Corporation LLC Franchise Independent Chain

Is this a multiple unit operation? Yes No. If yes, total number of units in PA _____ Total units in all states _____

Special Note: Page 2 Must be Completed in full and returned if this is a multiple unit operation.

Total Number of Employees: _____ Full Time _____ Part Time _____ Total Annual Sales Volume of PA Stores \$ _____

Do any of your stores sell: Lottery Gasoline Heating Fuel Diesel Fuel Money Orders Accept Bill Payments

Do you have a relationship with any legislator that may assist the food industry in Pennsylvania?

If yes, which legislator(s) and what relationship?

(i.e. Governor, Friend) _____

 *ANNUAL DUES ARE BASED ON TOTAL ANNUAL SALES VOLUME FOR ALL UNITS IN PA (PLEASE CHECK APPROPRIATE BOX)

*** ALL SALES FIGURES ARE CONFIDENTIAL ***

Class	Annual Volume	Annual Dues	Class	Annual Volume	Annual Dues
1 <input type="checkbox"/>	\$0 up to 250,000	\$ 50.00	9 <input type="checkbox"/>	\$20,000,000 up to \$50,000,000	\$ 1,000.00
2 <input type="checkbox"/>	\$250,000 up to 500,000	\$ 75.00	10 <input type="checkbox"/>	\$50,000,000 up to \$75,000,000	\$ 2,000.00
3 <input type="checkbox"/>	\$500,000 up to 1,000,000	\$125.00	11 <input type="checkbox"/>	\$75,000,000 up to \$100,000,000	\$ 4,000.00
4 <input type="checkbox"/>	\$1,000,000 up to 2,500,000	\$200.00	12 <input type="checkbox"/>	\$100,000,000 up to \$200,000,000	\$ 6,000.00
5 <input type="checkbox"/>	\$2,500,000 up to 5,000,000	\$300.00	13 <input type="checkbox"/>	\$200,000,000 up to \$300,000,000	\$ 8,000.00
6 <input type="checkbox"/>	\$5,000,000 up to 10,000,000	\$350.00	14 <input type="checkbox"/>	\$300,000,000 up to \$400,000,000	\$10,000.00
7 <input type="checkbox"/>	\$10,000,000 up to 15,000,000	\$425.00	15 <input type="checkbox"/>	\$400,000,000 up to \$500,000,000	\$11,500.00
8 <input type="checkbox"/>	\$15,000,000 up to 20,000,000	\$500.00	16 <input type="checkbox"/>	\$500,000,000 +	\$12,500.00

*Annual Dues are Non-Refundable.

I authorize PFMA to renew my membership annually and to process my membership dues through my PCRS or MEMO Account.
 I understand my dues will be assessed at the prevailing rate based on my total annual sales volume for all units in PA.

Check enclosed \$ _____ Or Please Send Invoice Or Deduct this year's dues from my first coupon shipment

or Credit Card: Visa MasterCard AMEX Discover

NAME AS IT APPEARS ON CARD _____

CREDIT CARD #: _____ EXPIRATION DATE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

Thank you.

Rev. 6/05



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LISTING OF NAMES AND ADDRESSES FOR ALL ADDITIONAL UNITS IN MULTIPLE UNIT OPERATION

1. Company Name _____ Phone () _____
Store Address _____
City _____ County _____ State _____ Zip _____
Approximate Total Annual Volume for this unit _____
Approximate Square Footage of this unit _____ ID# _____ (for office use only)

2. Company Name _____ Phone () _____
Store Address _____
City _____ County _____ State _____ Zip _____
Approximate Total Annual Volume for this unit _____
Approximate Square Footage of this unit _____ ID# _____ (for office use only)

3. Company Name _____ Phone () _____
Store Address _____
City _____ County _____ State _____ Zip _____
Approximate Total Annual Volume for this unit _____
Approximate Square Footage of this unit _____ ID# _____ (for office use only)

4. Company Name _____ Phone () _____
Store Address _____
City _____ County _____ State _____ Zip _____
Approximate Total Annual Volume for this unit _____
Approximate Square Footage of this unit _____ ID# _____ (for office use only)

5. Company Name _____ Phone () _____
Store Address _____
City _____ County _____ State _____ Zip _____
Approximate Total Annual Volume for this unit _____
Approximate Square Footage of this unit _____ ID# _____ (for office use only)

6. Company Name _____ Phone () _____
Store Address _____
City _____ County _____ State _____ Zip _____
Approximate Total Annual Volume for this unit _____
Approximate Square Footage of this unit _____ ID# _____ (for office use only)

7. Company Name _____ Phone () _____
Store Address _____
City _____ County _____ State _____ Zip _____
Approximate Total Annual Volume for this unit _____
Approximate Square Footage of this unit _____ ID# _____ (for office use only)

8. Company Name _____ Phone () _____
Store Address _____
City _____ County _____ State _____ Zip _____
Approximate Total Annual Volume for this unit _____
Approximate Square Footage of this unit _____ ID# _____ (for office use only)

9. Company Name _____ Phone () _____
Store Address _____
City _____ County _____ State _____ Zip _____
Approximate Total Annual Volume for this unit _____
Approximate Square Footage of this unit _____ ID# _____ (for office use only)

10. Company Name _____ Phone () _____
Store Address _____
City _____ County _____ State _____ Zip _____
Approximate Total Annual Volume for this unit _____
Approximate Square Footage of this unit _____ ID# _____ (for office use only)