



RETAIL MEMBERSHIP APPLICATION

Pennsylvania Food Merchants Association
1029 Mumma Road • P.O. Box 870 • Camp Hill PA 17001-0870
(717) 731-0600 • Toll Free (800) 543-8207 • Fax: (717) 731-5472
Email: pfma@pfma.net • Web site: www.pfma.org



(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 () _____

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

Total Annual Sales Volume of Pennsylvania Stores \$ _____ (Required)

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

Do any of your stores: Accept Coupons Perform Compliance Checks Participate in a Scholarship Program

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	\$ 54.00	9 <input type="checkbox"/>	\$20,000,001 up to \$50,000,000	\$ 1,128.00
2 <input type="checkbox"/>	\$250,001 up to 500,000	\$ 81.00	10 <input type="checkbox"/>	\$50,000,001 up to \$75,000,000	\$ 2,251.00
3 <input type="checkbox"/>	\$500,001 up to 1,000,000	\$134.00	11 <input type="checkbox"/>	\$75,000,001 up to \$100,000,000	\$ 4,502.00
4 <input type="checkbox"/>	\$1,000,001 up to 2,500,000	\$227.00	12 <input type="checkbox"/>	\$100,000,001 up to \$200,000,000	\$ 6,747.00
5 <input type="checkbox"/>	\$2,500,001 up to 5,000,000	\$338.00	13 <input type="checkbox"/>	\$200,000,001 up to \$300,000,000	\$ 9,003.00
6 <input type="checkbox"/>	\$5,000,001 up to 10,000,000	\$392.00	14 <input type="checkbox"/>	\$300,000,001 up to \$400,000,000	\$12,376.00
7 <input type="checkbox"/>	\$10,000,001 up to 15,000,000	\$479.00	15 <input type="checkbox"/>	\$400,000,001 up to \$500,000,000	\$14,230.00
8 <input type="checkbox"/>	\$15,000,001 up to 20,000,000	\$562.00	16 <input type="checkbox"/>	\$500,000,001 +	\$20,000.00

*Annual Dues are Non-Refundable.

PFMA Dues Payment Options

Check enclosed \$ _____ Or Debit bank account (EFT authorization form required) Or Debit MEMO Account Or Please send invoice
Or Deduct from PCRS coupon payment Or Credit Card: Visa MasterCard AMEX Discover

NAME AS IT APPEARS ON CARD _____

CREDIT CARD #: _____ EXP. DATE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

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

**PENNSYLVANIA FOOD MERCHANTS ASSOCIATION
PA CONVENIENCE STORE COUNCIL**

ELECTRONIC FUNDS TRANSFER SERVICE AGREEMENT

New

Change

1. Complete and sign the authorization form below, and send it to us with a **voided check** or **deposit slip** of the bank account you wish to use. (the account number must be provided on the deposit slip) This allows us to obtain the accurate information we need to start the service for you.

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

2. Be sure to note in your financial records the dollar amount that will be deducted from the bank account.

Retailer/Agent Number	Title on Bank Account	
Bank Name	Branch Address	
City	State	Zip
Routing/Transit Number	Checking/Savings Account Number	
Effective Date (If Changing Account) 7 to 10 days must be allowed for processing		

PENNSYLVANIA FOOD MERCHANTS ASSOCIATION (PFMA), PA CONVENIENCE STORE COUNCIL, INC. (PCSC) both Pennsylvania Corporations:

As a convenience to me, I hereby request and authorize PFMA/PCSC to draw electronic debits on my checking/savings account maintained at the above named depository for the payment of current and annual membership dues. Note: When indicated on the Retail Membership Application, Merchants Express Money Order Company, Inc (MEMO) will draft the PFMA annual dues from the MEMO account.

I agree that:

An electronic debit shall be drawn (as per Retail/Associate Membership Application and applicable Rules relating to corporate trade payment entries on the National Automated Clearing House Association and its related member associations (The "Rules") to cover current and future membership dues.

PFMA/PCSC shall incur no liability by reason of any such electronic debit being dishonored. If the automated debit entry is returned or dishonored, PFMA/PCSC may assess a charge of \$25.00 (subject to increase); provided however that PFMA/PCSC will not charge or collect more than is allowed by law at the time to collect from this Trustee.

This plan shall continue in effect unless and until terminated by me, by the above named bank, or by PFMA/PCSC.

Full disclosure concerning electronic fund transactions, error resolutions, and stop payments will be made to me by my financial institution.

PENNSYLVANIA FOOD MERCHANTS ASSOCIATION
PA CONVENIENCE STORE COUNCIL

Corporate/Store Name _____

By _____

Signature _____

Title _____

Title _____

Date _____

Date _____

RETURN TO PFMA MEMBERSHIP DEPT: FAX (717) 731 – 5472 or email to www.pfma.org