



# 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 ( ) \_\_\_\_\_ Website \_\_\_\_\_

Billing Address (If different from Store/Company Address) \_\_\_\_\_

Proprietor / Owner Name(s) \_\_\_\_\_

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	\$ 60.00	9 <input type="checkbox"/>	\$20,000,001 up to \$50,000,000	\$ 1,250.00
2 <input type="checkbox"/>	\$250,001 up to 500,000	\$ 90.00	10 <input type="checkbox"/>	\$50,000,001 up to \$75,000,000	\$ 2,490.00
3 <input type="checkbox"/>	\$500,001 up to 1,000,000	\$150.00	11 <input type="checkbox"/>	\$75,000,001 up to \$100,000,000	\$ 4,975.00
4 <input type="checkbox"/>	\$1,000,001 up to 2,500,000	\$250.00	12 <input type="checkbox"/>	\$100,000,001 up to \$200,000,000	\$ 7,500.00
5 <input type="checkbox"/>	\$2,500,001 up to 5,000,000	\$380.00	13 <input type="checkbox"/>	\$200,000,001 up to \$300,000,000	\$10,030.00
6 <input type="checkbox"/>	\$5,000,001 up to 10,000,000	\$435.00	14 <input type="checkbox"/>	\$300,000,001 up to \$400,000,000	\$13,790.00
7 <input type="checkbox"/>	\$10,000,001 up to 15,000,000	\$540.00	15 <input type="checkbox"/>	\$400,000,001 up to \$500,000,000	\$15,840.00
8 <input type="checkbox"/>	\$15,000,001 up to 20,000,000	\$625.00	16 <input type="checkbox"/>	\$500,000,001 +	\$27,050.00

\*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: \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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.



# RETAIL MEMBERSHIP ADDITIONAL UNITS

(Please list your additional units on this page and print additional copies as needed or provide a separate list of additional stores.)

**(PLEASE PRINT OR TYPE)**

Store Name \_\_\_\_\_ Store Number \_\_\_\_\_

Store Address \_\_\_\_\_ County \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Type of Operation (Check One)

Supermarket  Convenience Store  Pharmacy  Superette  Delicatessen  Other \_\_\_\_\_

Store Name \_\_\_\_\_ Store Number \_\_\_\_\_

Store Address \_\_\_\_\_ County \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

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