



## AIFD Industry Partner Membership Application

To complete the AIFD Industry Partner Membership Application, please complete the form below and return to:

AIFD/ 9 Newport Dr. Suite 200 / Forest Hill, MD 21050 / Fax: 443-640-1031 / info@aifd.org

\_\_\_\_\_ **YES**, our company wants to demonstrate support for the ideals of AIFD and hereby applies for:

- AIFD Partner Membership - \$500
- AIFD Regional Partner Membership - \$250  
*(Regional Partners may only participate in a Partner Expo when it is within their region. Their Expo fee shall be \$100 greater than that for a National Partner)*

**Company Contact Person:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Province:** \_\_\_\_\_

**Zip/Postal Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Type of Business:**

<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Local Wholesaler
<input type="checkbox"/> Distributor	<input type="checkbox"/> Local Supplier
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other

**Description of Products/Services:**

\_\_\_\_\_

\_\_\_\_\_

**Recommended By:** \_\_\_\_\_

**As Payment** (circle one): Bill my credit card or Enclosed is a check

**Credit Card:**       VISA       MasterCard       AMEX

**Cardholder name:** \_\_\_\_\_

**Card number:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_

**Security code:** \_\_\_\_\_