



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: _____