



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 - \$750
- 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: _____ **Cardholder Signature:** _____

Card number: _____

Expiration date: _____ **CV2:** _____

Full Billing Address: _____