



Application for Associate Membership

Independent Turf and Ornamental Distributors Association

174 Crestview Drive, Bellefonte, PA 16823-8516

Toll Free: 877-326-5995 | Fax: 814-355-2452

Email: info@itoda.org | www.itoda.org

Types of Associate membership, qualifications, and membership dues (check one):

The membership year runs January 1 to December 31. Membership dues are payable by January 1 of each year.

Those who submit an application after October 1 will have the membership extended through the next calendar year.

Associate Membership Fee: \$800

Associate members are those businesses regularly engaged in the manufacturer or production of fertilizers, chemicals, seeds, equipment, accessories, and/or related supplies and services for the professional turf and/or ornamental horticulture market. To qualify for Associate Membership, a company must meet the following criteria:

- Are currently selling their product through the Association's members or through distributors who would meet the Association's requirements for membership;
- Have been in business at least three years; and
- Agree to be bound by, and comply with, provisions of the Association's Code of Business Practice, and the bylaws and governing policies of the Association.

Associate Patron Membership Fee: \$2,700

The Associate Patron membership includes a prepaid sponsorship to the ITODA Industry Forum, Summer Meeting and Think Independent Reception. Associate Patron members also receive a prepaid registration to the ITODA Industry Forum and Summer Meeting.

Corporate Name: _____

Trade Name (T/A): _____

Main Address: _____

City: _____ State: _____ Zip: _____

Corporate Phone: _____ Corporate Fax: _____

Corporate Email: Web Address: _____

Name of Primary Contact: Title: _____

Contact's Phone: _____ Fax: _____ Email: _____

Notice: The Board of Directors of ITODA has found that electronic communication is the most time-efficient and cost-effective method of transmitting important information about the organization. By supplying your email and fax information, you are agreeing to accept electronic notices and news as part of your membership. In turn ITODA pledges to respect your privacy and will do its utmost to protect you from unsolicited communications by third parties.

List several of your customers who are ITODA members or are independent distributors who meet ITODA qualifications for membership (see website for details):

1. Company Name: _____

Location: _____

2. Company Name: _____

Location: _____

3. Company Name: _____

Location: _____

List at least three major manufacturers from whom you buy on a direct basis (to include manufactures of pesticides, fertilizers, seeds, and allied lines):

1. _____

2. _____

3. _____

The undersigned certifies that the company information supplied above is accurate. The applicant also understands that annual membership dues are payable in advance and must be submitted with this application for processing. Membership acceptance is contingent upon approval of the ITODA Board of Directors, a process taking approximately two weeks.

Signature: _____ Date: _____

Total Amount Enclosed \$ _____

METHOD OF PAYMENT (Federal ID #: 52-1748598)

To Mail application form, include check or money order payable to ITODA, and send to:

ITODA Business Office

174 Crestview Drive, Bellefonte, PA 16823-8516

Or Fax application form with credit card payment noted to:
Fax: 814-35-2452

Credit Card Information:

Visa

MasterCard

Name on card (print)

Signature

Account Number

Exp. Date