



Application for Distributor 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

Membership entitles the company to participate in all ITODA leadership training developed for owners and senior management as well as training for the company's employees at the member rate, and all other ITODA member benefits.

Types of 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.

Tier 1 Membership Fee: \$400

This category is for Independent Distributors who generate \$300,000 to \$5 million in annual revenue

Tier 2 Membership Fee: \$600

This category is for Independent Distributors who generate between \$5 million to \$15 million in annual revenue.

Tier 3 Membership Fee: \$800

This category is for Independent Distributors who generate over \$15 million in annual revenue.

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.

Check One: Corporation Partnership Individual

Year business founded: _____

Market area of distribution: _____

Annual sales volume: _____

Number of sales representatives: _____

Types of products distributed: _____

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 applying for membership is an independent distributor and that the information 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