



Associate Membership Application

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 ♦ Website: www.itoda.org

Application for Associate Membership (\$850):

Corporate Name: _____

Trade Name (T/A): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Corporate Phone: _____ Corporate Fax: _____

Corporate Email: _____ Web Address: _____

Additional Branches and/or Affiliations: _____

Name of Primary Contact: _____ Title: _____

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

Name of Secondary Contact: _____ Title: _____

2nd 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:

1/ Company Name: _____

Location: _____

2/ Company Name: _____

Location: _____

3/ Company Name: _____

Location: _____

4/ Company Name: _____

Location: _____

List your major product lines:

1/ _____

2/ _____

3/ _____

4/ _____

5/ _____

6/ _____

The undersigned certifies that the company information supplied above is accurate. The applicant also understands that annual membership dues of \$850 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: _____

5/15/07

METHOD OF PAYMENT

(Federal ID #: 52-1748598)

To Mail application form include check or money order for \$850 payable to ITODA and send to:

ITODA Business Office
174 Crestview Drive
Bellefonte, PA 16823-8516
Toll Free: 877-326-5995

Or Fax application form with credit card payment of \$850 noted to:

Fax: 814-355-2452

Credit Card Information: Visa MasterCard

Name on card (print) _____

Signature _____

Account Number _____

Exp. Date _____