



Distributor 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:

_____ **Premiere Membership -- \$850**

_____ **Training Membership -- \$250**

Entitles the company to participate in all ITODA leadership training developed for owners and senior management, as well as access to ITODA Training Institute programs for any employee, and all other ITODA member benefits.

Entitles the company to involve any employee of that company in only those training seminars and similar programs offered through the ITODA Training Institute and aimed at sales and operational personnel.

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.

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 manufacturers 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
Toll Free: 877-326-5995

Or Fax application form with credit card payment noted to:
Fax: 814-355-2452

Credit Card Information: <input type="radio"/> Visa <input type="radio"/> MasterCard	
_____	_____
Name on card (print)	Signature
_____	_____
Account Number	Exp. Date
_____	_____

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