



# FMI ASSOCIATE MEMBER APPLICATION 2009

## COMPANY INFORMATION (Information provided will be included in the FMI Membership Directory and Buyers' Guide)

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Company Telephone \_\_\_\_\_ Company Fax \_\_\_\_\_

Website \_\_\_\_\_

Company Type:  Manufacturer  Supplier  Broker  Technology Provider  Consultant  Other (Please specify) \_\_\_\_\_

Is this the parent company?  Yes  No If no, please complete parent company information below.

## PRIMARY CONTACT INFORMATION (This executive will be included in the FMI Membership Directory and Buyers' Guide)

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Direct Phone \_\_\_\_\_ Direct Fax \_\_\_\_\_

Email Address \_\_\_\_\_

## BILLING CONTACT INFORMATION (If different from the primary contact)

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Direct Phone \_\_\_\_\_ Direct Fax \_\_\_\_\_

Email Address \_\_\_\_\_

## PARENT COMPANY INFORMATION

Company Address \_\_\_\_\_

Key Executive Name \_\_\_\_\_ Key Executive Title \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Company Telephone \_\_\_\_\_ Company Fax \_\_\_\_\_

Website \_\_\_\_\_

**PRODUCT/SERVICE CATEGORY(IES)** (Please check all that apply)

- Advertising/Marketing and Design
- Association
- Baking/Roasting Equipment
- Baby Care
- Beverages
- Broker
- Confectionery
- Construction
- Consulting Services
- Energy Management
- Equipment
- Financial Services
- Fixtures/Shelving/Floors
- Food Products/Snacks
- Food Safety
- General Merchandise
- Health and Beauty Care
- Household Products/Cleaning/Supplies
- Legal Services
- Maintenance
- Merchandising Services
- Natural/Organic
- Packaging
- Perishables
- Pet Health and Nutrition
- Petroleum
- Pharmaceuticals
- Point-of-Sale Equipment
- Refrigeration
- Security Systems and Products
- Store Design
- Supply Chain
- Technology Service
- Transportation/Distribution Service
- Unsaleables
- Uniforms
- Utilities
- Other: \_\_\_\_\_

**COMPANY STATISTICS**

Is your company publicly traded?

- Yes       No

Does your company own any subsidiaries?

- Yes       No

If yes, please provide the company information on the attached information sheet.

Does your company have divisions/regional operations?

- Yes       No

If yes, please provide the company information on the attached information sheet.

What is your annual sales volume? \$ \_\_\_\_\_ USD

Please list all of your company's brands. (This information will be published in the FMI Membership Directory and Buyers' Guide and FMI's Online Associate Member Directory)

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Please list the countries in which your company operates.

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Who are your primary competitors?

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## SPONSORSHIP OPPORTUNITIES

What type(s) of sponsorship opportunities are of interest to your company? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Research   | <input type="checkbox"/> Committee Meetings  |
| <input type="checkbox"/> Educational Conferences<br>(Speaker/Sessions/Table Tops, etc.) | <input type="checkbox"/> Social Events<br>(Lunches, Dinners, Receptions, Golf Tournaments, etc.) |
| <input type="checkbox"/> Awards   | <input type="checkbox"/> Other (Please specify) _____  |

What areas are of interest to your company? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Advertising/Marketing    | <input type="checkbox"/> Loss Prevention/Security/Risk |
| <input type="checkbox"/> Energy                   | <input type="checkbox"/> Store Design                  |
| <input type="checkbox"/> Finance                  | <input type="checkbox"/> Supply Chain/Distribution     |
| <input type="checkbox"/> Food Safety              | <input type="checkbox"/> Sustainability                |
| <input type="checkbox"/> Human Resources/Training | <input type="checkbox"/> Technology                    |
|   | <input type="checkbox"/> Other (Please specify) _____  |

## MEMBERSHIP DUES

- I. \$2,500 This tier option is only available to companies with total annual sales (including divisions and subsidiaries) less than \$6 million (USD)
- II. \$10,000
- III. \$25,000
- IV. \$50,000

2009 Membership Dues: \$ \_\_\_\_\_

My signature confirms the accuracy of the company information provided on this application (this application must be signed).

Prepared by \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For 2009, in accordance with the provision of the Omnibus Budget Reconciliation Act of 1993, 73% of FMI membership dues is deductible under Section 162 of the Internal Revenue Code as ordinary and necessary trade or business expenses. FMI membership dues are not deductible as charitable contributions for federal income tax purposes.

## PAYMENT OPTIONS

- Check Enclosed       Credit Card

Checks should be made payable to **Food Marketing Institute Associate Membership**.

Please mail the completed application and your check or credit card information to the following address:

**Food Marketing Institute  
Associate Membership Dues  
P.O. Box 758780  
Lockbox #758780  
Baltimore, MD 21275-8780**

If you are paying by credit card, you may fax the completed application form to: **+1.202.220.0874**.

### Credit Card Information

Card Type:  Visa     MasterCard     American Express    Amount to Charge: \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card (Please print) \_\_\_\_\_

Signature \_\_\_\_\_

**Thank you for joining FMI's Associate Member Program**

If you have any questions or comments, please call +1.202.220.0662 or email [associatemembership@fmi.org](mailto:associatemembership@fmi.org).



## SUBSIDIARY/DIVISION INFORMATION

Please use this form to list subsidiary companies and/or divisions of your company. Please provide complete information so your listing in FMI's printed and online membership directories is accurate.

### SUBSIDIARY COMPANY OR DIVISION

Company Name \_\_\_\_\_

Key Contact \_\_\_\_\_ Title \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

Company Type:  Manufacturer  Supplier  Broker  Technology Provider  Consultant  Other (Please specify)

This company is a  Subsidiary  Division

### SUBSIDIARY COMPANY OR DIVISION

Company Name \_\_\_\_\_

Key Contact \_\_\_\_\_ Title \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

Company Type:  Manufacturer  Supplier  Broker  Technology Provider  Consultant  Other (Please specify)

This company is a  Subsidiary  Division

### SUBSIDIARY COMPANY OR DIVISION

Company Name \_\_\_\_\_

Key Contact \_\_\_\_\_ Title \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

Company Type:  Manufacturer  Supplier  Broker  Technology Provider  Consultant  Other (Please specify)

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