



THE VOICE OF FOOD RETAIL
Feeding Families Enriching Lives

2018 INTERNATIONAL RETAILER/WHOLESALE MEMBERSHIP APPLICATION AND DUES INVOICE



COMPANY INFORMATION

Company Name _____

Address _____

City _____ State/Province _____

Country _____ Postal Code _____

Company Telephone _____

Website _____

Twitter _____ Facebook _____ LinkedIn _____

PRIMARY CONTACT INFORMATION

(This person will be listed in the online FMI Membership Directory)

Name _____

Title _____

Address _____

City _____ State/Province _____

Country _____ Postal Code _____

Direct Telephone _____

Email _____

Administrative Assistant _____

Telephone _____ Email _____

BILLING CONTACT INFORMATION

(If different from the Primary Contact)

Name _____

Title _____

Address _____

City _____ State/Province _____

Country _____ Postal Code _____

Direct Telephone _____

Email _____

Administrative Assistant _____

Telephone _____ Email _____

COMPANY STATISTICS

1. Which category best defines your company?

FOOD RETAILER

Primary Wholesaler: _____

FOOD WHOLESALER

How many independently owned retail food stores does your company serve? _____

2. How many retail stores does your company operate? _____

3. How many employees does your company have?

Full-time: _____ Part-time: _____

4. How many in-store pharmacies does your company have? _____

5. How many distribution centers does your company operate? _____

6. In what countries does your company operate? _____

7. Does your company own any subsidiaries?

Yes

No

If yes, please provide the names of the subsidiaries and primary contacts (including address, phone, etc.) on the last page of this application.

8. Does your company operate any divisions?

Yes

No

If yes, please provide the names of the divisions and primary contacts (including address, phone, etc.) on the last page of this application.

9. Does your "Doing Business As" name differ from your company name on the first page?

Yes

No

If yes, please provide the name(s) under which your company does business.

CALCULATING YOUR MEMBER DUES

Under FMI Bylaws, each member must complete the dues calculation in full. Your sales figures will be kept confidential.

Your membership dues are based on your total company sales from January 1 – December 31, 2017. Include the sales of any food store or wholesale operation in which you hold more than a 50% interest. Holding companies should not include the sales of subsidiaries or associated companies which have separate dues-paying FMI memberships.

For the purposes of calculating your dues, you should include total grocery sales, which consists of the following categories:

- Grocery: food and nonfood
- Perishables: meat, fish, poultry, produce, deli (service deli, self-service refrigerated and packaged meat), bakery in-store, bread and baked goods, dairy, frozen foods
- Alcoholic beverages, floral, health and beauty care, pharmacy and general merchandise.*

*General Merchandise should exclude: apparel, appliances, electronics, footwear, hardlines, jewelry, knick-knacks, sporting goods and toys.

You may also exclude gasoline sales

Please see Dues Table below.

FMI International Membership dues are based on your 2017 retail and wholesale sales in U.S. Dollars.

2017 Retail Sales US\$ _____

2017 Wholesale Sales + US\$ _____

Total Sales on which FMI dues are based = US\$ _____

Sales		Dues
0 to US\$20 million	=	US\$1,000
US\$21 - US\$100 million	=	US\$2,000
US\$101 million and over	=	US\$3,000

2018 FMI Dues US\$ _____

My signature confirms that the above dues calculation is an accurate statement of our 2017 sales. (Must Sign)

Prepared by _____ Title _____

Signature _____ Date _____

PAYMENT

PAYMENT BY CREDIT CARD: VISA MasterCard American Express Amount to Charge US\$ _____

Card Number _____ Expiration Date _____

Cardholder Name (Please print) _____

Signature _____

PAYMENT BY CHECK: Please make checks payable in U.S. dollars to **Food Marketing Institute.**

Note: Checks must be drawn from a U.S. bank. Please mail your completed application check to the following address:

**Food Marketing Institute
Attention: Accounting
2345 Crystal Drive
Suite 800
Arlington, VA 22202 USA**

PAYMENT BY WIRE TRANSFER: Please add a \$30.00 wire transfer fee to the total dues amount owed. Please reference your company name and 2018 dues.

Send wire transfer to: **Food Marketing Institute**
Bank Name: Wells Fargo Bank N.A., San Francisco, CA
SWIFT Code: WFBIUS6S
Credit to: EagleBank
Address: 7815 Woodmont Avenue, Bethesda, MD 20814
Account Number: 055003298
Further credit to:
Acct. #: 200229110, Acct. Name: Food Marketing Institute

THANK YOU FOR JOINING



If you have any questions, please contact our Membership Department at +1 202.220.0677
or email membership@fmi.org

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SUBSIDIARY/DIVISION INFORMATION

Please use this form to list subsidiary companies and/or divisions of your company. This information will appear in FMI's membership directory, so please provide complete information, including address and primary contact name. Please copy this form if you require additional space. Thank you.

SUBSIDIARY COMPANY OR DIVISION

Company Name _____

Primary Contact _____ Title _____

Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Telephone _____

Email _____

Website _____

This company is a Subsidiary Division

SUBSIDIARY COMPANY OR DIVISION

Company Name _____

Primary Contact _____ Title _____

Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Telephone _____

Email _____

Website _____

This company is a Subsidiary Division

SUBSIDIARY COMPANY OR DIVISION

Company Name _____

Primary Contact _____ Title _____

Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Telephone _____

Email _____

Website _____

This company is a Subsidiary Division



ADDITIONAL CONTACT INFORMATION

Company Name _____
Primary Contact _____ Title _____
Address _____
City _____ State/Province _____
Postal Code _____ Country _____
Telephone _____
Email _____
Website _____
Twitter _____ Facebook _____ LinkedIn _____

ADDITIONAL CONTACT INFORMATION

Company Name _____
Primary Contact _____ Title _____
Address _____
City _____ State/Province _____
Postal Code _____ Country _____
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