

Active Membership Application - 2018



Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Date Founded: _____
E-mail: _____ Internet: _____

Active Members: Any firm whose primary business is the distribution of animal health-related products; who provides such wholesale distribution functions as maintaining and owning a diversified inventory of industry products, breaking bulk shipments, providing shipping and receiving services, extending credit, and providing sales and technical assistance for suppliers of animal-health related products to diversified and varied customers; and who has done such for at least one (1) year in the North American Continent, the adjacent islands, or United States possessions, may be elected to Active Membership. Each Active Member shall have one vote on each matter submitted to a vote of members.

Structure (*Corporation, Partnership, Sole Proprietorship, Other*): _____

Principal Owner(s): _____

Branch Location (cities): _____

Percent of Sales to Owners/Stockholders: _____ Percent of Sales to Non-Veterinarians: _____

Number of Full-Time Sales Representatives: _____ Total Number of Employees: _____

Geographical Area(s) Covered: _____

Authorized Direct Distributor for the Following Manufacturers: _____

Name of Person Who Will Be Company's Key Member Representative to AVDA:

_____ Title: _____

Address if Different From Above: _____

Phone Number if Different From Above: _____ E-mail: _____

Signature: _____

Date: _____ Amount of Dues Payment Enclosed: \$ _____

Alternate Representative: _____ Phone: _____ E-mail: _____

CFO/Financial Manager (*if different from Key Member Representative or Alternate*): _____

Phone: _____ E-mail: _____

IS/IT Contact: _____ Phone: _____ E-mail: _____

(over)

Membership Dues Effective June 1, 2017

Annual Sales Volume

Dues Amount

Calendar Year Sales Volume

Less Than \$49,999,999 **\$1933**

Greater Than \$50,000,000 and Less Than \$249,999,999 **\$3033**

Greater Than \$250,000,000 **\$5792**

Please indicate the correct dues amount for your company, and pay that amount. Amount Due: \$ _____

Note: Your dues may be deductible as an ordinary and necessary business expense. Your dues are not deductible as a charitable contribution.

Qualification Statement

Company Name: _____

Company Representative's Name: _____

1) Is the company's primary business the distribution of animal health product? Yes No

If no, please explain: _____

2) Does the company engage in the following activities?

a) maintaining and owning a diversified inventory of industry products: Yes No

b) breaking bulk shipments? Yes No

c) providing shipping and receiving services? Yes No

d) extending credit? Yes No

e) providing sales and technical assistance for suppliers of animal health products? Yes No

3) Does the company provide the above services to varied and diversified customers? Yes No

4) Has the company been engaged in the above activities for at least one year in North America, the adjacent islands, or United States possessions?

Yes No

Signature of company representative: _____

How did you hear about AVDA? _____

Do you plan to send a representative to AVDA's Annual Conference (*usually held in April or May*)? _____