



AIFD Industry Partner Membership Application

To complete the AIFD Industry Partner Membership Application, please complete the form below and mail or fax to: AIFD, 720 Light Street / Baltimore, MD 21230 or Fax: 410-752-8295.

YES, our company wants to demonstrate support for the ideals of AIFD and hereby applies for:

- AIFD Partner Membership - \$500 AIFD Regional Partner Membership - \$250

Company Contact Person: _____

Company Name: _____

Street Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Phone: _____

Fax: _____

E-mail: _____

Type of Business:

- Wholesaler Local Wholesaler
 Distributor Local Supplier
 Manufacturer
 Other

Description of Products/Services: _____

Recommended By: _____

As Payment (circle one): Bill my credit card or Enclosed is a check

Credit Card: VISA MasterCard AMEX

Cardholder name: _____

Card number: _____

Expiration date: _____