

International Association of Ice Cream Distributors & Vendors 3601 East Joppa Road, Baltimore, MD 21234 Phone: (410) 931-8100 | Fax: (410) 931-8111 Email: info@iaicdv.org | Web: www.iaicdv.org

MEMBERSHIP APPLICATION

Company Name:		
*Address:		
*City, State, Zip, Country:		
*Business Phone:	Business Emai	il:
*Website:		
*Primary Contact Name:		*Title:
*Phone:	*Email:	
*Company Bio & Description of	Business to be Used in the IAICE	OV Member Directory:
*# of Vending Vehicles:	*# of Carts:	*# of Vending Machines:
*# of Routes:	*# of Bicycles:	*# of Cabinets:
Company Branches (if applicab	le):	
*Year business started:		
*Have you ever been an IAICD\	member in the past? If so, who	en?
*How did you learn about IAICD	V?	
Directory Categories (Check all		
* DSD		
* Grocery		
* Food Service		
* Mobile Vending		
* Special Events		

COMPANY CONTACTS

Please list all contacts who should be included in the company membership.

Name:
Job Title:
Email (required):
Phone:
Branch Location (if applicable):
Name:
Job Title:
Email (required):
Phone:
Branch Location (if applicable):
Name:
Job Title:
Email (required):
Phone:
Branch Location (if applicable):
Name:
Job Title:
Email (required):
Phone:
Branch Location (if applicable):

More contacts may be added by printing additional copies of this page.

MEMBERSHIP CATEGORY
OPERATOR / DISTRIBUTOR MEMBER Operators of mobile vending vehicles (trucks, pushcarts, bicycles), Distributors of product that sells to the vending trade and Distributors of product to own fleet or independent fleet.
 □ Single Vending Truck Operator \$295 Applies to any vending operator with only one vending truck □ Operator / Distributor I \$495 Applies to Indirect Buy / Non Master or Non Preferred Vendors and Distributors. Generally smaller company. □ Operator / Distributor II \$1,250
 Applies to Direct Buy / Master or Preferred Vendors and Distributors. Generally larger company.
SUPPLIER MEMBER Manufactures their own product or has produced private label product; sold directly to Vendors or Distributors; or through a Broker. Supplier I \$1,500 • Applies to small ice cream, candy, snack, beverage, equipment and other service providers Supplier II \$2,000 • Applies to large ice cream, candy, snack, beverage, equipment and other service providers
BROKER MEMBER Represents one or more Suppliers, and sells food product (or services) in the ice cream vending and/or distribution industry (never takes ownership of the product)
☐ Broker \$1,000
*I agree that all the information above is true and valid to the best of my knowledge: Primary Contact Signature:
PAYMENT OPTIONS:
☐ Check (Make checks payable to IAICDV) ☐ Credit Card: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Card #:
Card Holder's Name: Signature:
Billing Address (if different than company address above)

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

The membership period is January 1 through December 31. New members joining between July 1 and November 30 shall pay half the annual dues. New members joining between December 1 and December 31 will have their dues credited to the following year. Companies that have previously been members of the IAICDV at any time will not be eligible for the discounted or prorated dues and must renew at the full rate.

Please note: Your membership will not be activated until payment is received.

You may mail, email or fax your completed application to IAICDV Headquarters at the number or address listed at the top of page 1.