

APPLICATION FOR MEMBERSHIP

Firm name: _____

P.A.C.A. license #: _____
(when applicable)

Primary location information:

Mailing address _____

City, State, Zip _____

Phone (____) _____

Fax (____) _____

Email _____

Website _____

Secondary location information:

Mailing address _____

City, State, Zip _____

Phone (____) _____

Fax (____) _____

Email _____

I (we) operate as:	Check one
An individual	_____
A partnership	_____
A corporation	_____
Principals:	
President	_____
Vice President	_____
General Manager	_____
Partners:	

Distributor Member Pro-Forma Requirements
I authorize my Customhouse Broker to provide a copy of my pro-formas (or equivalent) to the Association on at least a weekly basis for assessment fee calculation.

Signature _____ Title _____

References
(Must be a current Distributor Member and provide reference in writing.)

1. _____
2. _____
3. _____

Type of business:

Distributor _____

Customhouse Broker _____

Broker _____

Trucker _____

Other _____

Description of services and/or products provided to the industry: _____

MEMBERSHIP IN THE ASSOCIATION IS NOT TRANSFERABLE OR ASSIGNABLE.

Date _____

Print name _____

Title _____

Signature _____

For FPAA office use only:

Date application received: _____ Date of board approval: _____