



2019 Africa (excluding South Africa) Corporate Membership Application

If joining in South Africa, please complete the South Africa membership application.

COMPANY ANNUAL BUSINESS VOLUME (12 MONTHS)

ALL COMPANIES: Please indicate your company's annual **produce/floral business volume** including all subsidiaries, affiliates or divisions. (All figures shown in U.S. dollars; pricing valid January 1, 2019 through December 31, 2019.)

Please select your appropriate supply chain segment(s) and corresponding dues from one of the numbered sections below:

PRODUCE MARKETER

Tell us about your company's business (select all that apply)

- Broker (BR)
- Distributor to Retail Only (RTD)
- Distributor to Retail and Foodservice (OFD)
- Exporter (EXP)
- Foodservice Distributor (FSD)
- Grower/Shipper/Processor (GS)
- Importer (IMP)
- Repacker (REP)
- Produce Wholesaler (PWL)
- Service Wholesaler (SWL)

PRODUCE MARKETER

Gross Annual Produce/Floral Related Sales	Membership Dues
<input type="checkbox"/> US \$0-5 million	US \$1,180
<input type="checkbox"/> US \$5-10 million	US \$1,575
<input type="checkbox"/> US \$10-25 million	US \$2,095
<input type="checkbox"/> US \$25-50 million	US \$2,790
<input type="checkbox"/> US \$50-100 million	US \$3,710
<input type="checkbox"/> US \$100-200 million	US \$4,940
<input type="checkbox"/> US \$200-300 million	US \$6,570
<input type="checkbox"/> US \$300+ million	US \$8,735

BUSINESS SOLUTION PROVIDER

(provides products or services to the fresh produce/floral industry)

Tell us about your company's business (select all that apply)

- Other Business Services (legal, executive search, research firms, etc.) (BUS)
- Consultant (CON)
- Customs Broker (CBR)
- Data Management Providers (data science, sales, inventory services, etc.) (DAT)
- Equipment/Machinery Provider (EQU)
- Financial Services (FIN)
- Food Safety Detection (FDS)
- Packaging Materials Provider (PAC)
- PR/Marketing/Ad Agency (AGY)
- Provider of Supplies Used in Agricultural Production and Distribution (bags, pallets, boxes, chemicals, seeds, breeders, etc.) (GSP)
- Supplier of non-produce item sold in produce department (SPL)
- Software provider (TECH_SOFT)
- Technology provider (TECH)
- Testing and Audit Services (TST)
- Transportation/Logistics Provider (TRANS)
- Trade Media (MEDIA)

BUSINESS SOLUTION PROVIDER

Gross Annual Produce/Floral Related Sales	Membership Dues
<input type="checkbox"/> US \$0-5 million	US \$1,180
<input type="checkbox"/> US \$5-10 million	US \$1,560
<input type="checkbox"/> US \$10-50 million	US \$2,425
<input type="checkbox"/> US \$50+ million	US \$3,710

CONSUMER FACING COMPANIES

Select one primary business segment

- | | |
|---|--|
| <input type="checkbox"/> Supermarket/Mass Market Retailer (SUP) | Membership Dues (See chart to the right) |
| <input type="checkbox"/> Wholesale Grocer (WHG) | Membership Dues (See chart to the right) |
| <input type="checkbox"/> Convenience Store (CST) | US \$1,010 |
| <input type="checkbox"/> Foodservice Operator (FS) | US \$1,010 |

SUPERMARKET/MASS-MARKET/WHOLESALE GROCER

# of stores/units operated or served	Membership Dues
<input type="checkbox"/> 1-10	US \$310
<input type="checkbox"/> 11-49	US \$1,010
<input type="checkbox"/> 50-199	US \$2,050
<input type="checkbox"/> 200+	US \$2,110

NOT-FOR-PROFIT AND EDUCATIONAL INSTITUTIONS

Tell us about your organization's business

- | | |
|--|----------------------------|
| <input type="checkbox"/> Promotional Board (PRO) | Membership Dues US \$1,080 |
| <input type="checkbox"/> Associations (ASN) | US \$1,080 |
| <input type="checkbox"/> Government (GOV) | US \$1,080 |
| <input type="checkbox"/> Educational Institution (EIN) | US \$1,080 |

E-COMMERCE RETAILER (VSUP)

Annual produce & floral purchases	Membership Dues
<input type="checkbox"/> <\$100 million	US \$1,065
<input type="checkbox"/> \$100-500 million	US \$2,200
<input type="checkbox"/> \$500+ million	US \$2,820

Does your company also buy or sell floral-related goods and services? Yes No

Please provide your services, products, and/or commodities: _____

Please share the reason you are joining PMA: _____

RECOMMENDED BY

Name _____

Company _____

PRIMARY MEMBERSHIP CONTACT INFORMATION

By providing contact information on this application, the Primary and Secondary Membership Contacts agree to receive member value communications as specified in the Member Contact Policy which can be found online at pma.com.

Name First [] Last []
Job Title []
Company Name []
Street Address 1 []
Street Address 2 []
City [] State []
Zip+4/Postal Code [] Country []
P.O. Box []
City [] State []
Zip+4/Postal Code [] Country []
Telephone ([]) [] Fax ([]) []
Mobile Phone ([]) []
Individual Email []
Company Website []

MEMBER COMPANY INFORMATION (IF DIFFERENT FROM ABOVE)

Address 1 []
Address 2 []
City [] State []
Zip+4/Postal Code [] Country []
Phone ([]) [] Fax ([]) []

PLEASE PROVIDE US WITH AN ADDITIONAL MEMBERSHIP CONTACT.

Name First [] Last []
Job Title []
Company Name []
Street Address 1 []
Street Address 2 []
City [] State []
Zip+4/Postal Code [] Country []
P.O. Box []
City [] State []
Zip+4/Postal Code [] Country []
Telephone ([]) [] Fax ([]) []
Mobile Phone ([]) []
Individual Email []

PAYMENT INFORMATION

Membership benefits will begin upon receipt of dues payment and be retroactive to the 1st of the month.

PMA Annual Membership Dues US \$ _____

- Check enclosed (U.S funds drawn on U.S. banks only.) Checks payable to PMA.
Wire Transfer
MasterCard VISA American Express

PROMOTIONAL CODE CODE:

Account # [] Expiration Date [] / []

Cardholder's Name (please print)

Cardholder's Employer Name (please print)

By checking this box, I [] authorize this dues payment and understand this payment will make my company an active member of PMA for 12 months. I also understand that at the end of 12 months, my company will be invoiced for renewal.