



**INDEPENDENT FOOD
RETAILERS ASSOCIATION**

37760 Logg Rd
P.O. Box 426
Richmond, MI 48062
(586) 727-3335

"Progress Through Strength In Unity"

BUSINESS APPLICATION FOR MEMBERSHIP

Store Name: _____ Address: _____

City: _____ State: _____ Zip _____ Phone #: () _____

FAX # () _____ email: _____ County: _____

Partnership ___ ; Sole Prop: ___ ; LLC ___ ; Corporation ___ ; or Qualified Associate Status ___

Store Tax ID: _____ Year established: _____ Number of locations owned: _____

Status: ___ Union ___ Non-Union Pharmacy on site? ___ Primary Warehouse: _____

Store Dept: ___ Grocery; ___ Deli; ___ Meat; ___ Bakery; ___ Dairy; ___ Liquor; ___ Frozen; ___ GMS

Number full-time employees: _____ Number of part-time employees: _____

Number of Managers and Supervisors: _____ Number of Seasonal employees: _____

Current store benefits: ___ Pension/401k; ___ Employee Handbook ___ Health Insurance

___ Cafeteria Plan ___ Flexible Spending or Medical Savings Accounts

Owner(s) full name and home address(es):

(1) _____ (2) _____ (3) _____
(name) (name) (name)

_____ _____ _____
(address) (address) (address)

() _____ () _____ () _____
(home phone) (home phone) (home phone)

Title: _____ Title _____ Title _____
years of experience: ___ years of experience ___ years of experience ___

I, _____ owner/President of _____ (dba _____) hereby agree to become an active member of the Independent Food Retailers Association (IFRA) and pay dues as provided by said Association's Board of Directors and deliver said funds to the treasurer of the Association, effective this _____ day of _____, 20____.

Signed: _____

Office Use only:

Upon motion, seconded and adopted, _____ is accepted as a member of IFRA.

(John Schmidt) Executive Director Dated: _____ Store # Assigned _____ Territory # _____