

3601 East Joppa Road Baltimore, MD 21234 (410)931-8100 www.ofdanet.org info@iopfda.org

DEALER MEMBERSHIP APPLICATION

Company Name:			
Primary Contact:	Title:		
P.O. Box:			
Address:			
City:	Zip:		
Phone:Toll	Free #:Fax:		
Website:	Email:		
COMPANY PROFILE:			
Number of Employees:	Annual Sales: \$		
¥ •	Association(s)		
Products & Services Offered:			
☐ Aligned Manufacturer's Furniture	☐ Floor and Wall Coverings	☐ Design Services	
☐ Government Sales Furniture	☐ Other Products:	☐ Refurbishing/Cleaning Services	
☐ Mid-Market (Open Line) Furniture	☐ Delivery & Installation	☐ Project/Facility Management	
☐ Architectural Products	☐ Reconfigurations/Move Mgmt.	☐ Other Services:	
☐ Remanufactured Furniture	□ Warehousing/Asset Management		
Upon acceptance, members will re	eceive a username and password to access OFDA	's "Members Services" section.	
ANNUAL MEMBERSHIP DO	UES:		
OFDA Dues (Pro-rate if necessary. After	9/1, the following full year's payment must be include	d) \$650.00	
Pro-Rated Amount if necessary		\$	
Total to be Charged or Paid by Check:		\$	
☐ CHECK(Payable to OFDA in U.S	S. Funds) CREDIT CARD: Visa	☐ MasterCard ☐ Amex	
Account Number:			
Expiration Date:	Security/CVV Code:		
Signature:	Date:		

Fax to: 410.931.8111 or email to: info@iopfda.org

Under Federal Law, dues to OFDA are normally deductible as ordinary and necessary business expenses to the extent that they are not used for lobbying activities. Under the Consolidated Omnibus Budget Reconciliation Act of 1993, OFDA must estimate the percentage of dues that will be used for lobbying activities and notify members of the amount of dues that are non-deductible. We estimate this amount to be 10% of your dues.

OFDA is a membership division of the Independent Office Products & Furniture Dealers Association.



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As an OFDA Member, you will begin receiving OFDA's **Members-Only** *Connecting eNewsletter* and content. There are a number of ways that you can ensure that everyone in your office and/or branch offices receive these valuable member benefits.

- Complete the form below and send with your application.
- Attach a Company Directory complete with emails and send with your application.
- Email your Company Directory in Word, Excel or comma delimited text to info@iopfda.org
- Add Employees to your OFDA Company Profile Listing (you will receive a username and password upon membership).

BRANCH OFFICE LOCATIONS: (copy or attach list if necessary)

Primary Contact:	.Title:	
Address:		
City:	. State:	.Zip:
Phone:	.Fax:	
Email Address:		
Primary Contact:	.Title:	
Address:		
City:	.State:	.Zip:
Phone:	. Fax:	
Email Address:		
ADDITIONAL CONTACTS: (copy or attach list if ne	ecessary)	
Name:	.Title:	
Phone:	.eMail:	
Name:	.Title:	
Phone:	.eMail:	
Name:	.Title:	
Phone:	.eMail:	