

Allied Membership Application

Allied membership in the Foodservice Sales & Marketing Association is open to companies that provide services and products to foodservice sales agencies and their trading partners.



This form serves as your dues invoice

Company _____

Address 1 _____

Address 2 _____

City/State/Zip _____

Phone _____

Fax _____

Website _____

Primary Contact

Name _____

Title _____

Address 1 _____ Same as above

Address 2 _____

City, ST Zip _____

Phone _____

Fax _____

Email

Total Annual Dues \$ 2,000

Donate \$250 to FSMA Foundation \$

Tax ID: 20-0460879 **Total Due** \$

Remit payment within 30 days to:
Foodservice Sales & Marketing Association
5225 Wisconsin Ave NW Suite 316
Washington, DC 20015-2055

Member Name _____ Title _____

Signature _____ Date _____