

# Cleveland Industrial Distribution Association

## APPLICATION FOR MEMBERSHIP

COMPANY NAME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

WEB-SITE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Are you an established distributor of industrial supplies? YES NO

If "No" above, are you a manufacturers' representative also classified/qualified as a distributor? YES NO

List Five Major Types of Products Distributed(not Brand names): 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

Type of Business: Corporation \_\_\_\_\_ Sales Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Company has been in business since \_\_\_\_\_ (Founding year)

Geographical Territory Covered: \_\_\_\_\_

Number of OUTSIDE Sales Representatives: \_\_\_\_\_ Number of INSIDE Sales Representatives: \_\_\_\_\_

Does Your Company Ship and Invoice from the above location? YES NO

What is the value of your stocking inventory at cost? \$ \_\_\_\_\_

Please list any other membership organizations you are associated with:

\_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

SPONSORING CIDA MEMBER: \_\_\_\_\_ (Leave Blank if None)

CIDA MEMBER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

TOUR COMPLETED? YES NO BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Full Year Membership = \$500.00 Partial Year Dues = Prorated Fiscal Year September 1 to August 31  
Do not send dues with your application, you will be invoiced upon application approval.

Please send your completed application to:

**C.I.D.A.**

**P.O. Box 450971**

**Cleveland, Ohio 44145**

Applications can also be faxed to 440-937-4278 or emailed to [kathy@clevelandindustrial.org](mailto:kathy@clevelandindustrial.org)  
Questions? Please call Kathy Hogan at 440-937-5332