



**AMERICAN COMMODITY DISTRIBUTION ASSOCIATION**

**Agriculture • Industry • Government • Community**  
**Working Together to Nourish the Nation**

### Membership Form

**PLEASE TYPE OR PRINT**  
**(FEDERAL TAX EXEMPTION ID# 51-0188834)**

Dues to ACDA are not deductible as a charitable contribution but may be deductible as an ordinary business expense. No State or Recipient Agencies dues are used for lobbying expenses due to State Law prohibitions. The portion of dues for 2018 allocated to lobbying expenses for all other ACDA members is estimated to be 22%, and are not tax deductible as an ordinary business expense.

ACDA dues run January 1 – December 31

Yes, I accept your invitation to become a member of the American Commodity Distribution Association

Please renew my membership

#### Membership Rates (✓ check appropriate **category\*** and amount)

\*Membership categories are based on your organization type.

\$325	State/Territory and Allied (up to 10 members)
\$425	Industry and Associate Companies (up to 10 members)
\$475	Industry and Associate Companies (11-21 members)
\$500	Industry and Associate Companies (21+ members)
\$175	<input type="checkbox"/> Individual <input type="checkbox"/> Recipient Agency <input type="checkbox"/> School District <input type="checkbox"/> Household Program Agency <i>(please check mark the correct membership type within this dues option)</i>

I am enclosing Membership Dues of \$ \_\_\_\_\_ for the **category** checked above.

Organization/Company Agency Name		
Contact Person #1		#2
Email Address #1		#2
Phone #1		#2
Mailing Address		✓ if same
City, State, Zip		✓ if same
Website #1		✓ if same

If paying by check please mail original form along with payment to:  
**American Commodity Distribution Association**  
P.O. Box 841  
Pensacola, FL 32591  
Questions: Phone: 850.497-6467  
E-Mail: [info@commodityfoods.org](mailto:info@commodityfoods.org)  
Or visit the ACDA website at: [www.commodityfoods.org](http://www.commodityfoods.org)

American Express, MasterCard, Discover and Visa Accepted

Card Number: \_\_\_\_\_

Exp: \_\_\_/\_\_\_ CVV: (last 3 digits on back of card): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address, City, State, Zip (if different than above):  
\_\_\_\_\_

Authorized Signature & Date: \_\_\_\_\_

**Membership in ACDA is available regardless of race, color, sex, age, national origin and/or disability.**