



N A S F T®

NATIONAL ASSOCIATION FOR THE SPECIALTY FOOD TRADE, INC.
136 Madison Avenue, 12th Floor, New York, NY 10016
Tel: 212.482.6440, Fax: 212.482.6459, email: membership@nasft.org, www.specialtyfood.com

Application for Retailer Network Membership

Please fill out all of the information requested on this Membership Application. If you have any questions, contact the Membership Department at 212.482.6440, ext. 119.

1. COMPANY/ORGANIZATION INFORMATION (Please Print Legibly)

Form fields for company information including: COMPLETE LEGAL NAME OF COMPANY OR ORGANIZATION APPLYING FOR MEMBERSHIP / SHOULD BE SAME AS LOCAL POST OFFICE AND TELEPHONE LISTINGS, DBA AND/OR AKA, STREET ADDRESS FOR COURIER DELIVERIES / P.O. BOX, CITY, STATE, ZIP+4, COUNTRY, TELEPHONE AS LISTED IN LOCAL DIRECTORY, TOLL-FREE #, \*FAX, E-MAIL ADDRESS OF PERSON SIGNING THIS APPLICATION, WEBSITE ADDRESS, IF DIVISION/SUBSIDIARY, GIVE NAME OF PARENT COMPANY/ORGANIZATION, STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY FOR PARENT COMPANY/ORGANIZATION, Form of Business Organization: [ ] Division/Subsidiary [ ] Individual Owner [ ] Partnership [ ] Corporation [ ] LLC [ ] Branch of Government [ ] Other

A. [ ] Check here if your Company previously held Membership in the NASFT.

B. Date when your Company first started selling to specialty food consumers:
Month Year

Note: Must have been actively engaged in the specialty food business for at least one year prior to this Application. For information on possible waiver, contact NASFT Membership Department.

C. Federal Tax I.D. Number: \_\_\_\_\_

D. Which of the following categories do you sell?

- Bakery [ ] Prepared Foods [ ]
Cheese [ ] Produce [ ]
Coffee/Tea [ ] Refrigerated/Frozen Foods [ ]
Confections [ ] Shelf-stable Grocery [ ]
Delicatessen [ ] Wine/Beer/Liquor [ ]
Meat [ ] Other (please specify) [ ]
Non-foods [ ]

2. MEMBERSHIP CLASSIFICATIONS

Check the ONE category that best describes your company:

PRIMARY BUSINESS CLASSIFICATION

This determines type of Badge issued to you. Please select only one:

- [ ] Retail: Bakery, etc. (M)
[ ] Retail: Candy, Confections (H)
[ ] Retail: Coffee, Tea, etc. (J)
[ ] Retail: Cookware/Housewares (5)
[ ] Retail: Corporate Gifts (Q)
[ ] Retail: Deli or C-Store (E)
[ ] Retail: Department Store (B)
[ ] Retail: Drug Store (N)
[ ] Retail: Florist (K)
[ ] Retail: Gifts, Gift Baskets, etc. (G)
[ ] Retail: Natural/Organic/Health Food (F)
[ ] Retail: Mail Order/Internet (R)
[ ] Retail: Mass Merchant/Wholesale Club (L)
[ ] Retail: Specialty Foods (A)
[ ] Retail: Specialty Supermarket (D)
[ ] Retail: Supermarket (C)
[ ] Retail: Wines/Liquors (I)
[ ] Retail: \_\_\_\_\_ (0)
[ ] Broker/Mfr's Rep/Agent (Y)
[ ] Caterer (S)
[ ] Consultant (3)
[ ] Cooking School/Educational (2)
[ ] Distributor (Foodservice) (X)
[ ] Distributor (to retailers) (V)
[ ] Foodservice/Hotel (U)
[ ] Foodservice/Institutional (T)
[ ] Importer/Exporter (1)
[ ] Manufacturer/Producer (Z)
[ ] Media/Publications (6)
[ ] Restaurant/Cafe (P)
[ ] Wholesaler (to retailers) (W)
[ ] Non-Retail/Other \_\_\_\_\_ (4)
(Specify Business Type)

WHAT CATEGORIES/BUSINESSES ARE YOU INTERESTED IN?

- [ ] Halal Foods (1)
[ ] Kosher Foods (2)
[ ] Minority-Owned Businesses (3)
[ ] Women-owned Businesses (4)
[ ] Beverages: Alcoholic (5)
[ ] Beverages: Hot/Cold (6)
[ ] Baked Goods/Baking Ingredients (7)
[ ] Cheese/Dairy Products (8)
[ ] Chocolate/Confectionery (9)
[ ] Condiments (10)
[ ] Cookies (11)
[ ] Crackers (12)
[ ] Desserts/Sugar Confectionery (13)
[ ] Dietary Products (14)
[ ] Food Gifts (15)
[ ] Frozen Foods (16)
[ ] Hors d'Oeuvres (17)
[ ] Jams/Preserves/Honey/Nut Butters (18)
[ ] Meat/Game/Pâté (19)
[ ] Natural/Organic (20)
[ ] Oils/Vinegars/Salad Dressings (21)
[ ] Pasta Sauces/Cooking Sauces (22)
[ ] Pasta/Rice/Grain (23)
[ ] Pet Food (24)
[ ] Salsa/Dips (25)
[ ] Seafood (26)
[ ] Snack Foods (27)
[ ] Soups (28)
[ ] Spices/Herbs/Extracts (29)
[ ] Fixtures/Equipment (30)
[ ] Packaging/Supplies (31)
[ ] Publications (32)
[ ] Table Top (33)
[ ] Trade Organizations (34)

### 3. YOUR SUPPLIERS

In considering your Company's Membership Application, the NASFT Admissions Committee will require responses from five (5) NASFT Exhibiting Members. All five (5) references must be independent of each other and be suppliers with whom you have active accounts.

You can verify which of your suppliers is an NASFT Exhibiting Member by referring to the Official Directory from the most recent Fancy Food Show.

Since NASFT will contact these references, please be sure (a) to include complete details below; (b) to notify the suppliers that you wish to use them as references; and (c) to follow up so they respond to the NASFT questionnaire that's mailed five business days after we receive your Application.

1. \_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
PRINCIPAL CONTACT                      EMAIL ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER                      FAX NUMBER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE                              ZIP CODE

2. \_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
PRINCIPAL CONTACT                      EMAIL ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER                      FAX NUMBER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE                              ZIP CODE

3. \_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
PRINCIPAL CONTACT                      EMAIL ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER                      FAX NUMBER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE                              ZIP CODE

4. \_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
PRINCIPAL CONTACT                      EMAIL ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER                      FAX NUMBER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE                              ZIP CODE

5. \_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
PRINCIPAL CONTACT                      EMAIL ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER                      FAX NUMBER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE                              ZIP CODE

### 4. ATTENDANCE AT FANCY FOOD SHOWS®

Fill in below the date(s) of the most recent Fancy Food Show(s)® attended by a principal or employee of the applying Company:

- Winter Fancy Food Show, San Francisco: \_\_\_\_\_
- Summer Fancy Food Show, Washington, DC: \_\_\_\_\_



## 8. AUTHORIZATION

Please note that under this Section, you are required to acknowledge that you have thoroughly read, understand and agree to abide by all the instructions and requirements contained in this Application.

Spaces are provided below for the name and signature of the person duly authorized to complete and submit this Application. Be sure to fill in the date plus this person's title/position and e-mail address. In addition, if different from the person completing the Application, **these spaces require the name, title, e-mail address and signature of an officer or principal of the Applying Company as well as those of the primary Show contact in the Company.**

**Reminder:** The Admissions Committee can only make recommendations to the NASFT's Board of Directors. Should the Board of Directors reject the Company's Application for Membership, the Applicant can demand in writing a review of the decision through arbitration. (Contact the NASFT Membership Department for instructions.)

- A. The Applicant acknowledges that the undersigned has read, understands and agrees to abide by the Instructions.
- B. The Applicant authorizes the NASFT to make such investigation as it considers appropriate to evaluate this Application. This may include the obtaining by NASFT of a Dun & Bradstreet report on the Applicant. Any misrepresentations or omissions in the Application, or in the accompanying material, or in the determination of the applying Company's dues, could render this Application void. If such misrepresentation or omission is discovered after Membership has been granted, it may be grounds for termination of Membership.

- C. Applicant agrees to name NASFT as an "Additional Insured" under the Applicant's Commercial General Liability (CGL) Insurance Policy and to provide proof of same. Applicant understands and acknowledges that acceptance as an NASFT Member is conditioned upon NASFT being so named as an "additional Insured" under Applicant's Commercial General Liability (CGL) Insurance Policy.
- D. Applicants further agrees that any dispute as to NASFT's decision with regard to this Application shall be determined solely by binding arbitration as per the NASFT By-laws.
- E. Applicant further acknowledges that, if accepted as a Member of the Association, the Company shall, during the term of its Membership and thereafter, respect the intellectual property rights of the Association and shall not: (a) use the name, trademarks, service marks, or logos of the Association in any manner which is likely to confuse the public as to the source or sponsorship of the Member's products or services, or which constitutes an expressed or implied false or misleading statement of fact; (b) copy, distribute, reproduce, create derivative works from, transform into another medium, or use in any manner, copyrighted or proprietary information disclosed to the Member by NASFT in connection with its business as a Member of the Association.
- F. The foregoing shall not prevent Members of the Association from using camera-ready artwork for only those NASFT logos provided to the Member by NASFT, on business cards, letterheads, and other printed materials to indicate fairly and aptly Membership in the NASFT, provided that the integrity of such logos is preserved and such logos are used in the precise manner shown in the artwork without addition, deletion or revision.

PLEASE PRINT NAME OF PERSON COMPLETING THIS APPLICATION	TITLE / POSITION	E-MAIL ADDRESS
SIGNATURE		DATE
PLEASE PRINT NAME OF PRINCIPAL OR CEO (IF DIFFERENT FROM ABOVE)	TITLE / POSITION	E-MAIL ADDRESS
SIGNATURE		DATE
PLEASE PRINT NAME OF PRIMARY TRADE SHOW CONTACT (IF DIFFERENT FROM ABOVE)	TITLE / POSITION	E-MAIL ADDRESS
SIGNATURE		DATE

### DID YOU INCLUDE?

- Your fully completed Application
- Your check or payment information
- Information and relevant visual materials describing your store or business operation.

If you have any questions, please call the NASFT's Membership Department at **TEL: 212.482.6440, ext. 119**

Ship your Application via a carrier that provides for tracking and confirmation of delivery (e.g., DHL, FedEx, UPS, etc.) to:

**NASFT New Member Admissions Committee**  
**136 Madison Avenue, 12th Floor**  
**New York, NY 10016**  
**TEL: 212.482.6440, ext.119**  
**email: [membership@nasft.org](mailto:membership@nasft.org)**