



**FLYER DISTRIBUTION
STANDARDS ASSOCIATION**

**New Membership
Application Form**

To process your new membership please complete all information on this form and submit it with payment to the FDSA.
(Membership is annual, non-transferable and non-refundable)

COMPANY: Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Main Phone: (____) _____ Main Fax: (____) _____
 Web Site: _____

PRIME CONTACT: Mr. Ms. Miss Mrs.
 Full Name: _____ Job Title: _____
 Phone/Ext. _____ E-mail: _____

DATE: _____

Membership Category Check <input checked="" type="checkbox"/> Box:	Base Fee:	Additional Fee Above Base: (if applicable)	Total Fee:
<input type="checkbox"/> Retailer (single banner, less than 20 locations).....	\$ 300		\$ 300
<input type="checkbox"/> Retailer (single banner, more than 20 locations)....	\$ 500		\$ 500
<input type="checkbox"/> Retailer (Corporate Group)	\$ 500 +.....	\$100 x _____ additional banners..... (to a maximum of \$ 1,000)	\$ _____
<input type="checkbox"/> Media/Distributor (independent or single market)...	\$ 150		\$ 150
<input type="checkbox"/> Media/Distributor (independent or single market with circulation over 30,000 households).....	\$ 300		\$ 300
<input type="checkbox"/> Media/Distributor (corporate group).....	\$ 500 +.....	\$ 20 x _____ additional market* <i>*FDSA board reserves the right to determine what constitutes a market</i>	\$ _____ (Maximum \$1,500)
<input type="checkbox"/> Printer.....	\$ 500		\$ 500
<input type="checkbox"/> Transportation Company.....	\$ 500		\$ 500
<input type="checkbox"/> Media Manager / Agency.....	\$ 500		\$ 500
<input type="checkbox"/> Non-Profit Association.....	\$ 300		\$ 300
<input type="checkbox"/> Other: _____	\$ 500		\$ 500

PAYMENT OPTIONS:

Cheque Payable to:
 Flyer Distribution Standards Association
 1255 Bay St., Suite 800, Toronto, ON M5R 2A9

Credit Card Payment (FAX):
 VISA MasterCard American Express

Credit Card Payment (PHONE):
 1-888-373-8245 (8:30 a.m. – 5:00 p.m. Eastern)

Subtotal	\$
(Only in Ontario, New Brunswick, Newfoundland & Labrador) 13% HST	\$
Nova Scotia 15% HST	\$
(Rest of Canada/U.S. – GST #86414 2526 RT0001) 5% GST	\$
TOTAL	\$

FAX: 1-866-427-4714 (secure)

Credit Card #: _____

Expiry Date: _____ / _____

Cardholder Signature: _____

Flyer Distribution Standards Association collects, uses and discloses business contact information that includes the name, position, business address, telephone number and fax number, and business e-mail of an employee of an organization. This business contact information may be used by FDSA to inform you on a periodic basis by electronic newsletters, correspondence, phone calls, faxes and e-mails about industry issues, products and services of interest to your business. This information may also be shared with FDSA affiliated trade associations and select sponsors so that your company can be informed about products and services of use to your business.