



Retail Membership Application

Membership Contact Data

Company Name: _____
 Contact Name/Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____ Web site _____
 Certifications _____

Billing Contact Data

(If Different From Above)

Billing Contact Name/Title: _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____ Web site _____

Local Affiliates

- | | |
|--|--|
| <input type="checkbox"/> Chicago Area RBA | <input type="checkbox"/> New Jersey Bakers Board of Trade |
| <input type="checkbox"/> California RBA | <input type="checkbox"/> New York State Assn. of Manufacturing Retail Bakers |
| <input type="checkbox"/> Deep South RBA | <input type="checkbox"/> Ohio Bakers Association |
| <input type="checkbox"/> Greater Cincinnati RBA | <input type="checkbox"/> Pacific Northwest Baking Association |
| <input type="checkbox"/> Greater Southwest RBA | <input type="checkbox"/> Southeastern RBA |
| <input type="checkbox"/> Master Bakers Business Association
of Philadelphia | <input type="checkbox"/> Upper Midwest Bakers Association |
| <input type="checkbox"/> Midwest Bakery & Deli Association | <input type="checkbox"/> Wisconsin Bakers Association |
| | <input type="checkbox"/> Western Pennsylvania Bakers Association |

Retail Members

Retail or Retail-Wholesale Bakeries

- ☐ Gold Member - \$750
☐ Silver Member - \$500
☐ Bronze Member - \$250

Payment Information

Check Payment Method:

☐ Check (payable to RBA) ☐ Visa ☐ MasterCard ☐ American Express **Total Due:** _____

Credit Card Number _____ Expiration Date _____
 Cardholder Name _____
 Signature _____

Continued on Reverse



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Tell Us More...

Demographic information collected is for RBA internal use only. RBA may make internal use of your demographic information to inform you of situations, products or services that may interest you.

Please Check Your Type Of Business:

- ☐ Food Service Bakery (*Deli/Rest*) ☐ Retail-Wholesale Bakery
☐ Franchise Bakery ☐ Specialty Bakery
☐ Full-Line Bakery ☐ Supermarket Bakery

Bakery Format:

- ☐ Bake-Off ☐ Mostly Scratch
☐ Mostly Mix ☐ Sell-Only

Specialty/Ethnic _____

Sales By Type Of Service: (*Check all that apply*)

- ☐ Carryout ☐ Restaurant
☐ Catering ☐ Retail Bakery
☐ Deli ☐ Wholesale (*only if retail component*)
☐ Inside Eating ☐ Other _____

Gross Revenue For Last Complete Fiscal Year:

- ☐ Below \$250,000 ☐ \$250,000 - \$500,000
☐ \$500,000 - \$750,000 ☐ \$750,000 - \$1,000,000
☐ \$1,000,000+

Fiscal Year Ends: _____

Ethnicity Of Ownership:

- ☐ African-American ☐ Asian ☐ Caucasian ☐ Hispanic
☐ Other _____

No. Of Employees: FT _____ + PT _____ = Total _____

SIC Number : _____

How Did You Hear About RBA?

- ☐ Advertisement
☐ RBA Web site
☐ RBA Membership Mailing
☐ RBA Member: _____
☐ Other: _____

Were You Previously a RBA Member?

- ☐ Yes. If so, when? _____
☐ No

Are You a Member of Other Associations?

- ☐ Yes. Is so, which? _____
☐ No

☐ Please do not list my Bakery and contact information on the Bakery Locator on the RBA Web site.

☐ Periodically, RBA may make Members' mailing addresses available to outside sources for the purpose of marketing and solicitation. Please check the box to the left if you do not want your address made available for these purposes.

Member Referral:

Please contact this bakery for membership.

Name _____

Bakery Name _____

Address _____

City _____

State _____ Zip _____

Phone/Fax _____

Web site/Email _____

Mail or Fax (if not sending a check) this form to:

Payment Processing Center • PO Box 18009 • Ashburn, VA 20146 • **FAX:** 703-610-9005 • **ATTN:** Membership