



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

- Chicago Area RBA
- California RBA
- Deep South RBA
- Greater Cincinnati RBA
- Greater Southwest RBA
- Master Bakers Business Association of Philadelphia
- Midwest Bakery & Deli Association
- New Jersey Bakers Board of Trade
- New York State Assn. of Manufacturing Retail Bakers
- Ohio Bakers Association
- Pacific Northwest Baking Association
- Southeastern RBA
- Upper Midwest Bakers Association
- Wisconsin Bakers Association
- 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:

<input type="checkbox"/> Food Service Bakery (Deli/Rest)	<input type="checkbox"/> Retail-Wholesale Bakery
<input type="checkbox"/> Franchise Bakery	<input type="checkbox"/> Specialty Bakery
<input type="checkbox"/> Full-Line Bakery	<input type="checkbox"/> Supermarket Bakery

Bakery Format:

<input type="checkbox"/> Bake-Off	<input type="checkbox"/> Mostly Scratch
<input type="checkbox"/> Mostly Mix	<input type="checkbox"/> Sell-Only

Specialty/Ethnic _____

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

<input type="checkbox"/> Carryout	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Catering	<input type="checkbox"/> Retail Bakery
<input type="checkbox"/> Deli	<input type="checkbox"/> Wholesale (only if retail component)
<input type="checkbox"/> Inside Eating	<input type="checkbox"/> Other _____

Gross Revenue For Last Complete Fiscal Year:

<input type="checkbox"/> Below \$250,000	<input type="checkbox"/> \$250,000 - \$500,000
<input type="checkbox"/> \$500,000 - \$750,000	<input type="checkbox"/> \$750,000 - \$1,000,000
<input type="checkbox"/> \$1,000,000+	

Fiscal Year Ends: _____

Ethnicity Of Ownership:

<input type="checkbox"/> African-American	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Other _____			

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

SIC Number: _____

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

How Did You Hear About RBA?

<input type="checkbox"/> Advertisement
<input type="checkbox"/> RBA Web site
<input type="checkbox"/> RBA Membership Mailing
<input type="checkbox"/> RBA Member: _____
<input type="checkbox"/> Other: _____

Were You Previously a RBA Member?

<input type="checkbox"/> Yes. If so, when? _____
<input type="checkbox"/> No

Are You a Member of Other Associations?

<input type="checkbox"/> Yes. Is so, which? _____
<input type="checkbox"/> No
<input type="checkbox"/> Please do not list my Bakery and contact information on the Bakery Locator on the RBA Web site.

<input type="checkbox"/> 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 _____