



# IAADFS Associate Buyer Membership Application

## Company Information

Company Name \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Telefax \_\_\_\_\_

E-mail \_\_\_\_\_

Web site \_\_\_\_\_

## Ownership/Company Information

Primary Owner/Officer's Name \_\_\_\_\_

Other Major Owners or Shareholders \_\_\_\_\_

Date of Establishment \_\_\_\_\_

Number of Company Employees \_\_\_\_\_

Company's annual turnover (US\$) \_\_\_\_\_

Products sold in store:  
\_\_\_\_\_  
\_\_\_\_\_

## Duty Free / Travel Retail Concessions

Please list below the locations of the duty free or travel retail store concessions that your company currently owns or operates and the dates that each concession began operation. Please also enclose a copy of a government-issued document confirming the beginning and ending dates of your concession, or if a government-issued document is not available, please contact our office for further guidance.

Shop Name \_\_\_\_\_

Location (City, State/Province, Country) \_\_\_\_\_

Beginning Date of Concession \_\_\_\_\_

Shop Name \_\_\_\_\_

Location (City, State/Province, Country) \_\_\_\_\_

Beginning Date of Concession \_\_\_\_\_

\*List additional locations on separate sheet if necessary.

## References

Did anyone refer you to the IAADFS?

Yes                       No

If yes, by whom were you referred?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

## Reference Listing

Your company's application for membership must be supported by at least two current IAADFS Airport Concessionaire Members. Please list these companies below and provide a letter of reference from at least two of these member companies recommending that your company be accepted as an Associate Buyer Member.

If you are unable to supply these references from IAADFS Airport Concessionaire Members, please list other references below in the following order of importance, and provide accompanying letters of reference in support of your application:

1. IAADFS Associate Supplier Members
2. IAADFS Associate Buyer Members

1. Company \_\_\_\_\_

Contact person \_\_\_\_\_

Telephone \_\_\_\_\_

Telefax \_\_\_\_\_

2. Company \_\_\_\_\_

Contact person \_\_\_\_\_

Telephone \_\_\_\_\_

Telefax \_\_\_\_\_

3. Company \_\_\_\_\_

Contact person \_\_\_\_\_

Telephone \_\_\_\_\_

Telefax \_\_\_\_\_

### Application Fees and Procedure

Annual Membership Dues                      \$450  
*(July 1 – June 30)*

Initiation Fee                                      \$250

Processing Fee (non-refundable)              \$100

**Total Due**                                        \$800

Payment of the above fees must accompany the membership application form. Payment may be made by check (payable to the IAADFS, and must be drawn on a U.S. bank in U.S. dollars). If you pay by check, include the \$100 processing fee on a separate check. Payment can also be made by wire transfer or credit card (VISA, MasterCard, American Express ONLY) – please contact our office for information on paying by wire transfer or credit card.

**Important Notice:** Because of IAADFS' status as a 501(c)(6) entity, contributions or gifts, including dues, to this organization are not deductible as charitable contributions for US federal income tax purposes. However, payments of membership dues may be deductible for most members of a trade association under section 162 of the Internal Revenue Code as ordinary and necessary business expense.

Return this completed application, letters of reference, production information and payment of the application fee to:

**International Association of Airport Duty Free Stores**  
2001 K Street NW, Suite 300 • Washington, DC 20006 • USA  
Telephone: +1-202-367-1184  
Telefax: +1-202-429-5154  
E-mail: iaadfs@iaadfs.org  
Web site: www.iaadfs.org