

Footwear Affiliate Member Application

Date _____

Primary Contact _____ Title _____

Company _____

Address _____

City, State, Zip _____

Country _____

Phone _____ Email _____

Company website _____

Type of Business/Specialty _____

Annual membership fee schedule for shoe resellers, repair companies, material or component vendors, or companies whose core business is footwear related

Annual membership fee schedule for Trade Show Enterprises

Total U.S. Shoe Sales	Annual Fee*
less than \$10m	\$5,000
\$10m – \$100m	\$10,000
\$100m – \$200m	\$15,000
\$200m and above	\$20,000

	Annual Fee*
Top International Events	\$25,000
Local and Regional Events	\$10,000

Payment

Total amount enclosed \$ _____

Please select one of the following payment methods:

- Check enclosed, payable to FDRA. Must be in US dollars, drawn on a US bank.
- Wire: If paying by wire, please contact FDRA at info@fdra.org for account information.
- Credit Card: VISA MasterCard American Express

Card Number _____ Name on card _____

Expiration Date ____ / ____ CVV digits _____ Signature _____

Billing Address _____

City, State, Zip _____