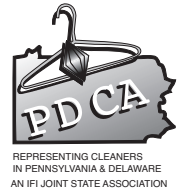




International Fabricare Institute & Pennsylvania and Delaware Cleaners Association

Working Together Since 1960



IFI / PDCA JOINT AFFILIATE MEMBER APPLICATION

This application, upon acceptance, is for membership in IFI for drycleaning, laundry, and/or wetcleaning companies. This is a corporate membership that applies to all employees and locations of the company. Dues are based on the company's total number of full-time-equivalent (FTE) employees.* *Membership is annual and dues are non-refundable.* Cancellations must be received in writing.

Dues may be tax deductible as an ordinary and necessary expense. However, dues supporting IFI's lobbying efforts are not deductible under provisions of the U.S. Internal Revenue Code. For

all states except Wisconsin (19%), Arkansas, Texas, Oklahoma, New Mexico (8%), Alabama, Florida, Georgia, South Carolina (10%), Maryland, Minnesota (8%), Virginia, West Virginia, and the District of Columbia (5.5%), that percentage is 2%. Sixty-five dollars of the annual dues are for a one year subscription to *Fabricare*.

Regular membership mailings and *Fabricare* will be sent to the address given above. Additional mailings to other locations are available at \$125 per location.

APPLICANT INFORMATION

Company Name _____ Date _____

Street Address _____ City _____

State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Website _____

Contact Name Mr./Mrs./Ms _____ Title _____

IFI/AFFILIATE DUES SCHEDULE

Number of FTE (Full-Time Equivalent) Employees	Annual Membership Dues Investment
0-5	\$415
6-8	\$721
9-11	\$886
12-15	\$1,203
16 and up.....	\$1,433

PAYMENT INFORMATION

* To calculate dues, count each full-time employee as one (1) FTE and each part-time employee as 1/2 FTE or take the total current weekly hours of all employees and divide by 40. Add \$125 for each additional mailing to other locations with your annual dues and provide a list on a separate sheet of paper.

Please enter number of FTE Employees _____

Dues Investment (see schedule above) \$ _____

Add \$125.00 for each additional mailing \$ _____
(Important: list additional mailing locations on separate sheet of paper)

Total Dues Investment \$ _____

Check

Enclosed is my dues amount for \$ _____ made payable to IFI.

Charge

Please charge my dues payment of \$ _____ to my:

Visa Mastercard American Express

Account # _____ Exp. Date _____

Signature _____

Print Name as on Card _____

Sponsor _____ Company _____ Address _____

Please remit application and membership dues to IFI, 4700 Sweitzer Lane, Laurel, Maryland 20707

Visit us at www.ifi.org and www.pdclean.org