

Application for Retail Membership

Retail members are the full-line, retail and wholesale bakeries, bakery and restaurant/delis, franchise bakeries, specialty bakeries. Supermarkets with in-store bakeries are invited to join. All bakery locations are considered RBA members as long as information on each location is provided. The primary contact receives a subscription to Baker's Rack, RBA NewsBrief, The Business Owner, and Flour Facts.



PRIMARY CONTACT INFORMATION: (PLEASE PRINT)

Prefix: _____ Name: _____

Title: _____

Bakery/Company: _____

Address: _____

City, State, Zip, Country: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

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.

HOW DID YOU HEAR ABOUT RBA?

- Advertisement _____
- Brochure _____
- Convention _____
- RBA Member _____
- RBA Website
- Other _____

TYPE OF BUSINESS

- Food Service Bakery (Deli/Restaurant)
- Franchise Bakery
- Full-Line Bakery
- Retail Bakery
- Specialty Bakery
- Supermarket Bakery
- Wholesale Bakery

YEARS IN BUSINESS/DATE OPENED

_____ / _____

NUMBER OF EMPLOYEES

- Full Time _____
- Part Time _____
- Total _____

ETHNICITY OF OWNERSHIP

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

BAKERY FORMAT (CHECK ALL THAT APPLY)

- Bake-Off
- Mostly Mix
- Mostly Scratch
- Sell-Only
- Specialty _____
- Ethnic _____

MEMBERSHIP DUES (CALCULATED ANNUALLY AND ARE BASED ON GROSS ANNUAL REVENUE. MEMBERSHIP IS ON AN ANNIVERSARY CYCLE)

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> \$500,000 or less | \$250.00 | <input type="checkbox"/> International | \$350.00 |
| <input type="checkbox"/> \$500,001 - \$750,000 | \$300.00 | | |
| <input type="checkbox"/> \$750,001 or more | \$400.00 | | |

METHOD OF PAYMENT: (SELECT ONE)

- Check # _____ Please make checks payable, in U.S. funds, to Retail Bakers of America.
- I authorize RBA to charge \$ _____ to my: American Express MasterCard Visa

Card # _____ Expiration date: _____

Signature: _____ Date: _____

RETURN TO:

M&T Bank, Attn: Retail Bakers of America Lockbox
1800 Washington Blvd. 8th Floor, Baltimore, MD 21230
Toll Free: (800) 638-0924 • Main Line: (703) 610-9035 • Fax: (703) 610-0239 • Email: info@rbanet.com