

SUPPLIER MEMBERSHIP APPLICATION

Frontier Duty Free Association
1404 – 222 Queen Street, Ottawa, Ontario
Canada K1P 5V9
Phone: +1-613-688-9788 ext. 2
Attn: Allison Gardner, Manager of Operations



Company Name: _____

Mailing Address: _____

Province/State/Country: _____

Postal/Zip Code: _____ Telephone: _____

Website: _____

Primary Representative: _____

Title: _____ Phone: _____

Email: _____

FEES:

Fees are subject to GST/HST (GST/HST Registration # 121154702)

Please indicate which category (check box):

- | | | |
|--------------------------|--|---------------|
| <input type="checkbox"/> | Providing Services Only | = \$275 CAD |
| <input type="checkbox"/> | Duty Free Sales Under \$500,000 | = \$650 CAD |
| <input type="checkbox"/> | Duty Free Sales \$500,000 - \$1,000,000 | = \$995 CAD |
| <input type="checkbox"/> | Duty Free Sales \$ 1,000,000 - \$1,500,000 | = \$1,425 CAD |
| <input type="checkbox"/> | Duty Free Sales Over \$1,500,000 | = \$1,950 CAD |

Membership includes our National Buyers Listing and other benefits to be discussed with the FDFA.

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Frontier Duty Free Association

How did you hear about the FDFA? If recommended by one of the duty free stores, please provide the name of the person you spoke with.

Please list what types of products are offered by your company:

List the Canadian duty free stores you are currently selling to (minimum 2 required):

PRICE LIST (required)

Include with your application a price list that demonstrates the duty free savings. To be successful, duty free shops must purchase products at costs that enable them to offer their customers substantive savings compared to regular retail prices.

PROCESS:

Once received by the FDFA, your membership application will require approval by the FDFA Board of Directors. This process can take several days. Once approved, the FDFA will require information about your company and products to create a new member announcement. This announcement will be sent to the duty free buyers to introduce and promote your company and the products you represent.

Date: _____

Signature: _____



Submit to: agardner@fdfa.ca