

# Application for Membership



Date: \_\_\_\_\_ ☐ New ☐ Renewal

Prefix: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Bakery/School: \_\_\_\_\_ Certifications: \_\_\_\_\_  
(CJB, CB, CD, CMB)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Select your membership category. Dues are calculated on an annual basis. If requesting membership for a company and individual(s), please submit a separate sheet providing contact information for each individual.

QTY	DUES	CATEGORY	Membership	DESCRIPTION
	\$350	Allied		Suppliers providing a product or service to members of the retail baking industry.
	\$200	Retail Level 1 \$500,000 or less	Owner + 3	
	\$300	Retail Level 2 \$500,001 - \$750,000	Owner + 5	Licensed full line retail and wholesale bakeries; bakeries with restaurant/deli's; franchise bakeries; panaderia's; specialty bakeries; supermarket in-store bakeries; Hispanic in-store bakeries; retail donut shops; retail bagel shops
	\$400	Retail Level 3 \$750,001 or more	Owner + 10	Dues are based on gross annual revenue.
	\$100	Corporate Employee		Employed by an Allied or Retail member.
	\$100	Professional Bakers/decorators		Baking and culinary schools, high schools, trade schools or universities offering a baking/pastry/culinary arts education
	\$150	School		Baking and culinary schools, high schools, trade schools or universities offering a baking/pastry/culinary arts education
	\$50	Student		Enrolled in a member high school, trade school, university or baking/culinary arts school or program. <b>Please provide a copy of student ID as proof of membership eligibility.</b>
	\$50	Educator		Employed by a member high school, trade school, university or baking/culinary arts school or program.
	\$50	Future Business Owner		Individuals in the process of, opening a retail bakery, pastry shop or decorating business, or considering doing so. Does not include bakeries in operation, which are required to join at the retail level. <b>Maximum 1 year term in this category.</b>
	\$50	Retired		Industry retirees who have served in one or more of the categories above.

TOTAL AMOUNT: \$ \_\_\_\_\_

## RETURN TO:

Retail Bakers of America  
Attn: Membership  
15941 Harlem Ave., #347  
Tinley Park, IL 60477

Email: [info@retailbakersofamerica.org](mailto:info@retailbakersofamerica.org)

## QUESTIONS?

Call (800) 638-0924  
[www.retailbakersofamerica.org](http://www.retailbakersofamerica.org)

Check enclosed (make check payable to RBA in U.S. funds only)

Please charge to: Visa Master Card AMEX Discover

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_

CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

*I hereby authorize RBA to process my membership using the credit card information provided about in the amount noted on this form. I understand this information will not be used for any other purpose than is designated by this form.*

Cardholder's Signature \_\_\_\_\_

☐ Opt-out: From time to time RBA makes its list available to Allied members for marketing purposes. Please check the box if you would like to opt-out.

## OFFICE USE ONLY

SOURCE: \_\_\_\_\_

CV \_\_\_\_\_ Date \_\_\_\_\_