

Email completed application to Membership@ahpa.org.

Company information: This will appear in the AHPA Membership Directory

Company name	Company phone	Website	
Address	City/State	Zip code	
Primary contact name	Title	Primary contact phone	Email
Brief company description (100-150 words):			

Active Member categories and dues

Growers, importers, processors, marketers, and manufacturers of herbs and/or herbal products whose principal place of business is in the United States are eligible for full voting membership in the American Herbal Products Association. Membership may be held by any legal entity, including individuals, corporations, and partnerships.

Please select the category that best describes your core business:

Calculate annual dues using the table to the right and insert appropriate dues level.

ANNUAL REVENUE*	DUES
<\$200,000	\$2,000
\$200,000-500,000	\$2,000
\$500,000-\$1.5 Million	\$3,000
\$1.5-\$3 Million	\$4,000
\$3-\$5 Million	\$5,000
\$5-\$7.5 Million	\$6,500
\$7.5-\$10 Million	\$8,500
\$10-\$15 Million	\$12,000
\$15-\$30 Million	\$15,000
\$30-\$120 Million	0.05%*
>\$120 Million	\$60,000

* Membership dues are based on US sales of herbs and any products that contain one or more herbal ingredients.

Certification

Do you market any product that is or that contains ingredients you identify as an isolated constituent of a botanical? YES NO

If YES, please submit with this application substantiation that the ingredient is a constituent of a botanical. This application will be considered to be incomplete until AHPA staff determines at its sole discretion that the submitted information is sufficient to substantiate that the ingredient is a constituent of a botanical.

Do you market any product that is or that contains an ingredient you identify as a new dietary ingredient (NDI)? YES NO

If YES, please identify the relevant NDI notification submitted to the Food and Drug Administration and submit with this application a copy. This application will be considered to be incomplete until this requested information is submitted to AHPA.

The applicant certifies by the signature below that all information in this application is accurate and agrees to support the mission, goals and objectives of the association, including payment of dues and properly approved assessments; to adhere to all policies and principles of business practice outlined in the association's Bylaws and Code of Ethics & Business Conduct, and to any rule or practice properly adopted by the association; and to refrain from conduct prejudicial to the interests of AHPA.

Name	Title	
Signature	Digital signature option	Date (mm/dd/yyyy)

Additional Information

Years in business: Number of employees: Number of locations:
Annual sales: Number of SKU's: Number of herbs used:
Current markets (Enter in decimals. Example: .10 for 10%): U.S. International Total combined
Is company publicly traded? Yes No

What describes your company's herbal business? If you check more than one box, please indicate the approximate percent of dollar value of your business in each category. (Enter in decimals. Example: .10 for 10%)

- We sell bulk herbs/botanicals that we grow ourselves.
- We sell bulk herbs/botanicals that are grown and/or harvested by others.
- We sell bulk herbs/botanicals that we harvest wild ourselves or that we buy directly from wild harvesters.
- We sell bulk processed herbal/botanical materials (e.g., extracts) that we manufacture ourselves.
- We sell bulk processed herbal/botanical materials (e.g., extracts) that are manufactured by others.
- We manufacture and sell finished consumer products.
- We manufacture finished consumer products for other companies.
- We sell finished consumer products that are manufactured by a contractor to our specifications.
- We distribute (not retail) finished consumer products.
- We sell herbal/botanical products at retail.

Percentage total:

How did you hear about AHPA?

- Rejoining member
- Attended an AHPA educational teleseminar
- Met an AHPA employee at an event
- Contacted AHPA for advice/information
- Internet search
- Referred by an AHPA member. If so, who?
- Attended an AHPA meeting as a guest
- Solicited by an AHPA employee
- Purchase from the AHPA Bookstore
- Other (specify)

Method of payment

- Check payable to AHPA enclosed in the amount of \$
- Credit card: Signature authorizes AHPA to charge credit card in the amount of \$

Amex Visa Mastercard

Account number

Exp. date (mm/yy)

V-code (3 or 4 digit code –front of card on Amex)

Cardholder's name

Signature

Digital signature option

Date (mm/dd/yyyy)

Submission of application

Complete this application and email it to membership@ahpa.org.
Or print and mail with payment to:
AHPA • 8630 Fenton Street • Suite 918 • Silver Spring, MD 20910
Contact AHPA: 301.588.1171

RESET FORM