

Associate Membership Application

Email completed application to Membership@ahpa.org

Company information: This will appear in the AHPA Membership Directory

Company name	Company phone	Website
Company Address	City/State	Zip code
Primary contact name	Title	Primary contact phone
		Email

Brief company description (100-150 words):

Associate Member categories

Associate Members hold nonvoting membership and provide services to companies that qualify as Active Members (i.e., companies that grow, manufacture, produce or sell herbal products); no company eligible to be an Active Member may join as an Associate Member. **Associate Member annual dues are \$2,000.**

Please check the most relevant category:

- | | | |
|---|--|--|
| <input type="checkbox"/> Analytical laboratory | <input type="checkbox"/> Attorney | <input type="checkbox"/> Educational institution |
| <input type="checkbox"/> Insurance consultant | <input type="checkbox"/> Media | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Other consultant (specify) | <input type="checkbox"/> Other (specify) | |

Certification

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)

How did you hear about AHPA?

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

Method of payment

- Check payable to AHPA enclosed in the amount of \$2,000
- Credit card: Signature authorizes AHPA to charge credit card in the amount of \$2,000
- 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/membership@AHPA.org

RESET FORM