



AHPA Active Member Application

Thank you for your interest in joining the American Herbal Products Association!
Please email your completed application to membership@ahpa.org.

COMPANY INFORMATION

This information will appear in the AHPA Membership Directory.

Company Name	Company Phone	Website	
Address	City	State	Zip
Primary Contact Name	Title	Primary Contact Phone	Email
Brief Company Description (≤100 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 with 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 amount:

ANNUAL REVENUE*	DUES
<\$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 U.S. sales of herbs and any products that contain one or more herbal ingredients.

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	Date (MM/DD/YYYY)

Print and sign or sign with Digital ID.

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ADDITIONAL INFORMATION

Years in Business

Number of Employees

Number of Locations

Annual Sales

Current Markets

U.S. only

Both U.S. & International

International only

How did you hear about AHPA?

Rejoining member

Referred by an AHPA member:

Attended an AHPA meeting or event

Internet search

Met or solicited by an AHPA employee

Other:

Contacted AHPA for advice/information

PAYMENT

Finance Contact Name

Title

Finance Contact Phone

Email

ACH (Preferred Payment Method): Electronic payment sent to AHPA in the amount of: \$

Account: American Herbal Products Association
 Bank: Truist Bank
 Account Number: 0000209242019
 ABA/ACH number: 053101121

CHECK: Payable to *American Herbal Products Association* in the amount of: \$

Remit check to: American Herbal Products Association
 P.O. Box 424066
 Washington, DC 20042-4066

CREDIT CARD: Signature authorizes AHPA to charge credit card in the amount of: \$

American Express Visa Mastercard

Card Number

Exp. Date (MM/YY)

Security Code

Cardholder Name

Signature

Date (MM/DD/YYYY)

Print and sign or sign with Digital ID.