

AHPA Associate Member Application

COMPANY INFORMATION

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

Company Name	Company Phone	Website	
Address	City	State	Zip
Primary Contact Name	Title	Primary Contact Phone	Email
Brief Company Description (≤100 words)			

ASSOCIATE MEMBER CATEGORIES

Associate Members hold non-voting 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 AHPA as an Associate Member.

Associate Member annual dues are \$2,000.

Please select the category that best describes your business:

If Other, please 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	Date (MM/DD/YYYY)	<i>Print and sign or sign with Digital ID.</i>
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How did you hear about AHPA?

Rejoining member	Attended an AHPA meeting or event	Contacted AHPA for advice/information	Other:
Internet search	Met or solicited by an AHPA employee	Referred by AHPA member:	

PAYMENT

ACH (Preferred Payment Method): Electronic payment sent to AHPA in the amount of \$2,000

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 \$2,000

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 \$2,000

American Express Visa Mastercard

Card Number	Exp. Date (MM/YY)	Security Code	Cardholder Name	Cardholder Signature	Date (MM/DD/YYYY)
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Finance Contact Name	Title	Finance Contact Phone	Email
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