



Membership Application 2012

Firm Name: _____

Name & Title of Representative to AAHP: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____

Email (main contact person): _____

Other email (*others in firm to receive AAHP communications*) _____

Membership type (*see page 2 for definitions*):

- Voting Membership Non-Voting Membership Individual Membership

Voting and Non-Voting Members please answer questions 1-18 **Individual Members please answer questions 14-19**

1. Names of two firm officers or executives: _____

2. Year firm established: _____ State/Country: _____

Incorporated? Y N Public? Y N Private? Y N

3. Specify the firm's primary business activities: (*check all that apply*):

- Manufacturing Repackaging Distributing Marketing Research

Other _____

4. Number of years firm has been manufacturing or selling homeopathic pharmaceuticals? _____

5. Is the firm's facility under the jurisdiction of the United States? Y N

6. Does the firm have an FDA Establishment Registration number? Y N *If yes, include a **copy of FDA Establishment registration and 5 representative samples** of your homeopathic product labeling.*

7. State License number: _____

8. NDC Labeler Code Number: _____

9. IRS EIN Number _____

10. Does the firm have a proprietary line of homeopathic products which is marketed in the United States? Y N

If yes, please list the trademark(s) under which the products are marketed: _____

11. Which of the following products are manufactured or sold by the firm? (*check all that apply*)

- Singulares Combination remedies Rx OTC Other: _____

12. To which markets does the firm sell? (*check all that apply*)

- Natural Foods Mass market Export Private Label Other: _____

13. In which of the common dosage forms is the firm interested? (*check all that apply*)

- Tablets Pellets Liquids Parenterals Topicals Nasal Sprays Eyedrops

Other _____

Please continue on next page

14. How did you become aware of / interested in the AAHP? _____
15. Of the 2-3 membership meetings each year, how many could you attend? _____
16. Briefly state the reason you wish to join the AAHP: _____

17. List other homeopathic organization affiliations: _____
18. Please attach a profile (*up to one page*) of your company or homeopathic activities / interests.
This profile will help all members become better acquainted with each other, and may be included in presentation materials about the AAHP and its membership.
19. **Individual members, please include a copy of your State Pharmacist's license.**

American Association of Homeopathic Pharmacists Members' Pledge

Through our membership in the AAHP, we want to work with others to further the missions of the association: promoting excellence in the practice of homeopathic pharmacy, manufacturing, and distribution; providing opportunities for market development and market growth; maintaining an appropriate regulatory and legislative climate; providing outreach; promoting efforts to build a coalition with all interested parties within the homeopathic community.

We support the AAHP by upholding the spirit and intent of the association's Code of Ethics: supporting the Principle of Similars, the primary foundation of homeopathy; supporting the manufacture, distribution, marketing and sales of homeopathic drug products according to all applicable regulations; maintaining a level of professional competence by promoting training and education; respecting the values of competitors, and recognizing difference of viewpoint or philosophy; acting with honesty, integrity, and sincerity in all professional relationships; upholding the reputation, integrity, and growth of homeopathy in the United States; and using accurate information and fair balance to conduct our marketing activities.

We wish to keep informed and continually educate ourselves and our staff of regulatory changes. Our company intends to work towards and maintain compliance with all applicable state and federal regulations for homeopathic drug products.

Signature: _____ Date: _____

Name: _____ Title: _____

Please submit completed and signed application, along with attachments and payment to:

**American Association of Homeopathic Pharmacists
 4332 S.E. Logus Road, Milwaukie, OR 97222**

Voting Member: includes firms that operate a facility in the U.S. for homeopathic drug products (maintain a current FDA Establishment Registration Number) and manufacturer, or distribute homeopathic drug products in the U.S. Voting Members are required to maintain an active Annual subscription to the Homeopathic Pharmacopia (www/hpus.com).

Non-Voting Member: includes firms that do not meet the qualifications of a Full Member, but are actively involved in the manufacture, re-packaging, distribution, or marketing of homeopathic drug products.

Individual Member: includes people who possess an interest in homeopathy as it relates to manufacturing, distribution, marketing or selling homeopathic drug products, however do not have ties to a member-eligible firm (unless that firm is already a member and represented by another person).

Dues for 2012

Voting Member based on self-reported annual sales
 (please check appropriate level)

SALES LEVEL (\$)	DUES (US\$)
<input type="checkbox"/> >30,000,000.....	\$21,000
<input type="checkbox"/> 20,000,000-30,000,000	\$15,750
<input type="checkbox"/> 10,000,000-20,000,000	\$10,500
<input type="checkbox"/> 5,000,000-10,000,000	\$7,350
<input type="checkbox"/> 3,000,000-5,000,000.....	\$5,250
<input type="checkbox"/> 1,000,000-3,000,000.....	\$3,700
<input type="checkbox"/> <1,000,000	\$1,850

Non-voting Member..... \$525
 Individual Member \$100