



Membership Application 2010

Name & Title of Representative to AAHP: _____

Firm Name: _____

Address: _____

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

Telephone: _____ Fax: _____

Email (for all in firm receiving AAHP communications): _____

Membership Type:

Full Membership

Associate Membership

Individual Membership

Full and Associate Members please answer questions 1-19

Individual Members please answer questions 14-19

1. Names of two firm officers or executives: _____

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

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

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

Manufacturing Repackaging Distributing Marketing Research
 Other _____

4. Number of years the 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 your firm have an FDA Establishment Registration Number? Y N

If yes, please include a copy of the FDA Establishment Registration, and 5 representative samples of your homeopathic product labeling.

7. State License Number: _____

8. NDC Labeler Code Number: _____

9. EIN Number (please enclose a copy of FDA Establishment Registration): _____

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 tradename(s) under which the products are marketed: _____

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

Singulares Combination remedies Rx OTC Other _____

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

Natural Foods Mass Market Export Private Label Other _____

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

Tablets Pellets Liquids Parenterals Topicals Nasal sprays Eye drops
 Other _____

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 all other homeopathic organizations membership affiliation: _____

18. Please attach a profile (up to one page) of your company or homeopathic activities/interests.
 (This profile will help all members to become better acquainted with each other. The profile may be included in presentation materials about the AAHP and it's membership)
19. Individual Members, please include a copy of your state Pharmacists License.

American Association of Homeopathic Pharmacists Member's Pledge

Through our membership in 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 differences 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 drugs.

Signature: _____ **Date:** _____

Name: _____ **Title:** _____

Please submit completed and signed application, along with attachments and payment to:
 American Association of Homeopathic Pharmacists
 5112 Wilshire Drive, Santa Rosa, CA 95404

Full Member includes firms that operate a facility in the U.S. for homeopathic medicines (maintain a current FDA Establishment Registration Number) and manufacture, market, or distribute homeopathic products in the U.S.

Associate 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 drugs.

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

Dues for this year, 2010

▷ **Full Member** (based on self-reported annual sales)

SALES LEVEL (\$)	DUES (US\$)
>30,000,000	20,000
20,000,000-30,000,000	15,000
10,000,000-20,000,000	10,000
5,000,000-10,000,000.....	7,000
3,000,000-5,000,000.....	5,000
1,000,000-3,000,000.....	3,500
<1,000,000.....	1,750

▷ **Associate Member** 500

▷ **Individual Member** 100

