



Alliance for Gray Market & Counterfeit Abatement

MEMBERSHIP APPLICATION

Company Information

Company Name _____

Web Site Address _____

Address _____

City _____ State _____ Zip+4 _____ Country _____

Telephone _____ Fax _____ Year Company Founded _____

Key Representative Name _____ Title _____ Phone _____ Email _____

Alternate Representative Name _____ Title _____ Phone _____ Email _____

Areas of Interest

(Check all that apply)

- Enforcement
- Information Sharing
- Legal
- Benchmarking
- Communications

- Public Policy
 - Capitol Hill
 - White house
 - Customs
 - Law Enforcement
 - State Legislatures
 - Other _____

- International:
 - EU
 - WTO
 - OECD

Company Description _____

How did you learn about AGMA?

Referred by AGMA member

Name of Member Company _____

Name of Individual _____

Other _____

Basic Membership – one region - \$10,000
(I.e. Americas, EMEA or APAC) _____

Additional Regional Council - \$ 3,000/each
(Americas, EMEA or APAC) _____

OR
WORLDWIDE MEMBERSHIP – ALL REGIONS \$15,000

TOTAL DUES: _____

Check Enclosed (make payable to "AGMA")

I understand that dues are assessed on a twelve-month basis, based on your date of joining AGMA and are non-refundable.

Should my organization be accepted as a member, it will continue to conduct its business affairs in such a manner as to bring credit upon the profession of which it is a part, and endeavor to abide by AGMA's legal and ethical guidelines. It is my intention to observe these standards in my personal as well as my company's activities.

Signature _____

Title _____

Date _____

For questions, please contact:	
Lily Mei, Executive Director	Tel: 510-252-9888
AGMA's Federal Tax ID Number:	61-1403643

Mail this completed application and payment to: AGMA, P.O. Box 2613 Fremont, CA 94536-0613 USA

Payment