



Alliance for Gray Market and Counterfeit Abatement

MEMBERSHIP APPLICATION-CLASS I (MANUFACTURER) (Company Information)

Company Name _____ Web Site Address _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Primary Contact Name _____ Title _____

Contact Information Telephone _____ Fax _____ Email _____

Secondary Contact Name _____ Title _____

Contact Information Telephone _____ Fax _____ Email _____

Company Description _____

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

How did you learn about AGMA?

- Referred by AGMA Member

Name of Member Company _____

Name of Individual _____

- Other (please specify) _____

Dues:

Regional Membership, One Council - \$10,000 \$ _____
(please circle: Americas, EMEA or APAC)

Additional Regional Council - \$3,000/Additional Council \$ _____
(please circle: Americas, EMA or APAC)

OR
Worldwide Membership, All Councils - \$15,000 \$ _____

Total Dues (U.S. Dollar) \$ _____

- Check Enclosed (please make payable to "AGMA")

For questions, please contact:
Joanne Cooke, Executive Director
jcooke@agmaglobal.org or (252) 500-0123

I understand that dues are assessed on a twelve-month basis, based on the date my company joins AGMA. Dues are non-refundable.

Please mail completed application and payment to:
AGMA, 4217 Rose Street, Unit D, Houston, TX 77007
USA

Should my company be accepted as a Member, any and all representatives from my company will conduct his/her business affairs in such a manner as to bring credit upon the profession of which he/she is a part. By signing this Membership Application, my company and any and all representatives from my company, agree to abide by, comply with and AGMA's legal and ethical guidelines.

Authorized Signature

Title

Date