



Alliance for Gray Market and Counterfeit Abatement

MEMBERSHIP APPLICATION-CLASS II (ASSOCIATE) (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)

- | | | |
|--|---|---|
| <input type="checkbox"/> Enforcement | <input type="checkbox"/> Public Policy: | <input type="checkbox"/> International: |
| <input type="checkbox"/> Information Sharing | <input type="checkbox"/> Capitol Hill | <input type="checkbox"/> EU |
| <input type="checkbox"/> Legal | <input type="checkbox"/> White House | <input type="checkbox"/> WTO |
| <input type="checkbox"/> Benchmarking | <input type="checkbox"/> Customs | <input type="checkbox"/> OECD |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Law Enforcement | |
| | <input type="checkbox"/> State Legislatures | |
| | <input type="checkbox"/> Other: _____ | |

How did you learn about AGMA?

- Referred by AGMA Member

Name of Member Company

Name of Individual

- Other (please specify)

Dues:

Worldwide Membership, All Councils - \$10,000.00

Total Dues (U.S. Dollar)

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

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

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.

For questions, please contact:

Joanne Cooke, Executive Director
jcooke@agmaglobal.org or (252) 500-0123

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

Authorized Signature _____ Date _____

Title _____