



## 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](mailto: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 \_\_\_\_\_