



Alliance for Gray Market and Counterfeit Abatement

MEMBERSHIP APPLICATION- CLASS IV (GOVERNMENT & LAW ENFORCEMENT)

Organization _____
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 _____

Organization 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)

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

Date

Title

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