



## AGMA Global Membership Application CLASS I (MANUFACTURER)

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)  
\_\_\_\_\_

For questions, please contact:  
Debbie Corr, Operations Manager  
[debbie@agmaglobal.org](mailto:debbie@agmaglobal.org) or (252) 500-0123

Please mail completed application and  
payment to: AGMA Global  
15466 Los Gatos Blvd.  
#109-167  
Los Gatos, CA 95032

Dues: Worldwide Class I Membership (Manufacturer) - \$15,000

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

I understand that dues are assessed on a calendar year basis, and my second year will be prorated to conform to this schedule. I understand that 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, and comply with AGMA's legal and ethical guidelines.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date