AGMA Global Membership Application
CLASS II (ASSOCIATE)

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)

_____

For questions, please contact:
Debbie Corr, Operations Manager
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 II Membership (Associate) - $10,000

☐ 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