American Association of Homeopathic Pharmacists
4332 SE Logus Road • Milwaukie, OR 97222
Ans Serv: 513-402-8847
Email: info@aahop.info
Website: www.aahp.info

Membership Application 2016

Firm Name: _____

Name & Title of Representative to AAHP: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____

There are three categories of membership:

Voting Member companies: includes corporate entities that operate a facility in the U.S. for homeopathic drug products (and when required, maintain a current FDA Establishment Registration Number) and that engages in one or more of the following activities in the U.S.: manufacturer, distribution or selling of homeopathic drug products. This is the majority of members and represents the core of the AAHP mission: promotion of excellence in homeopathic manufacturing, market development and appropriate regulatory oversight. Voting Members are required to maintain an active Annual subscription to the Homeopathic Pharmacopia (www.hpus.com).

Affiliate Member companies: includes corporate entities that do not meet the qualifications of a Voting Member, but are affiliated with or interested in the homeopathic industry. Examples include companies providing services or consulting to the homeopathic industry, foreign entities not marketing in the U.S. or educational institutions.

Associate Member: includes people who possess an interest in homeopathy as it relates to manufacturing, distribution, marketing or selling homeopathic drug products. However, an individual member may not have a relationship with a member-eligible corporate entity, unless that corporate entity is already a member of the AAHP and is represented by another person.

Application for Membership type:

- ❑ Voting Membership
- ❑ Affiliate Membership
- ❑ Associate Membership

VOTING and AFFILIATE Member Applicants *please answer questions 1-24.*

ASSOCIATE Member Applicants *please answer questions 19-25.*

1. Name of CEO/President: _____
2. Email (designated representative): _____

   Other email *(others in firm to* _____ _____

   receive AAHP communications) _____ _____

3. Name of officer responsible for *(one or more of the following)*:
   - ❑ Regulatory Affairs _____ email _____
   - ❑ Quality Assurance _____ email _____
   - ❑ Manufacturing _____ email _____

3. Year firm established: _____
4. State/Country Established: _____

   Incorporated? Y N

   Public? Y N

   Private? Y N

5. Specify the firm's primary business activities: *(check all that apply)*:
   - ❑ Manufacturing ❑ Repackaging
   - ❑ Distributing ❑ Marketing
   - ❑ Research ❑ Consulting to Industry
   - ❑ Service Provider ❑ Other _____

6. Number of years firm has been manufacturing / selling homeopathic pharmaceuticals or providing consulting/ service to homeopathic industry? _____
7. Is the firm's facility under the jurisdiction of the United States? Y N
8. Does the firm have an FDA Establishment Registration number? Y N

   *If yes, include a **copy of FDA Establishment registration.***

9. State License number: _____
10. If no Establishment Registration Number or state license, then Business License Number: _____
11. IRS EIN Number _____
12. Does the firm have a proprietary line of homeopathic drug products that is marketed in the United States? Y N

    If yes, please list the trademark(s) under which the products are marketed: _____

    _____

13. Which of the following product types are manufactured or sold by the firm? *(check all that apply)*
    - ❑ Single ingredient homeopathic drug products ❑ Rx
    - ❑ Combination ingredient homeopathic drug products ❑ OTC
    - ❑ Other: _____

14. To which markets does the firm sell? *(check all that apply)*

❑ Natural Foods ❑ Mass market

❑ Export ❑ Private Label

❑ Other: _____

15. In which of the common dosage forms is the firm interested? *(check all that apply)*

❑ Tablets ❑ Pellets

❑ Liquids ❑ Parenterals

❑ Topicals ❑ Nasal Sprays

❑ Ophthalmics ❑ Other _____

*16. Please include **samples** of **5 different representative** homeopathic drug product labeling.*

17. *Please include a product catalog / list showing all product names, label indications and ingredients (may be an electronic file or link to webpage).*

18. List all websites owned by company: _____

_____

19. How did you become aware of / interested in the AAHP? _____

_____

20. Briefly state the reason you wish to join the AAHP: _____

_____

_____

21. Of the 2-3 membership meetings each year, how many could you attend? _____

22. List other homeopathic organization affiliations:

❑ National Center for Homeopathy

❑ Society for Ultramolecular Medicine

❑ State or regional Homeopathic Society *(specify)* _____

❑ Other Homeopathic organization(s) *(specify)* _____

_____

23. What other business or professional organization(s) are you a member of / affiliated with: *(specify)* _____

_____

24. Please attach a profile *(up to one page)* of your company or homeopathic activities / interests.

This profile will help all members become better acquainted with each other, and may be included in presentation materials about the AAHP and its membership.

25. Associate members, please include a **copy of your State Pharmacist's license** (if applicable).

In the event additional information is needed, a member of the Board of Directors will contact you.

American Association of Homeopathic Pharmacists Members' Pledge

Through our membership in the AAHP, we want to work with others to further the missions of the association: promoting excellence in the practice of homeopathic pharmacy, manufacturing, and distribution; providing opportunities for market development and market growth; maintaining an appropriate regulatory and legislative climate; providing outreach; promoting efforts to build a coalition with all interested parties within the homeopathic community.

We support the AAHP by upholding the spirit and intent of the association's Code of Ethics: supporting the Principle of Similars, the primary foundation of homeopathy; supporting the manufacture, distribution, marketing and sales of homeopathic drug products according to all applicable regulations; maintaining a level of professional competence by promoting training and education; respecting the values of competitors, and recognizing difference of viewpoint or philosophy; acting with honesty, integrity, and sincerity in all professional relationships; upholding the reputation, integrity, and growth of homeopathy in the United States; and using accurate information and fair balance to conduct our marketing activities.

We wish to keep informed and continually educate ourselves and our staff of regulatory changes. Our company intends to work towards and maintain compliance with all applicable state and federal regulations for homeopathic drug products.

Signature: _____ **Date:** _____

Name: _____ **Title:** _____

Voting Member companies are required to maintain an active Annual subscription to the Homeopathic Pharmacopeia of the United States (www.hpus.com).

Please submit completed and signed application, along with attachments and payment to:

American Association of Homeopathic Pharmacists
4332 S.E. Logus Road, Milwaukie, OR 97222

Dues for 2016 (Payable in U.S. Dollars)

Please see membership definitions on Page 1.

❑ **Voting Member** *based on self-reported annual sales*

	SALES LEVEL ($)	DUES (US$)
(please check appropriate level)	❑ >50,000,000	$36,000
	❑ 30,000,000-50,000,000	$25,200
	❑ 20,000,000-30,000,000	$18,900
	❑ 10,000,000-20,000,000	$12,600
	❑ 5,000,000-10,000,000	$8,820
	❑ 3,000,000-5,000,000	$6,300
	❑ 1,000,000-3,000,000	$4,440
	❑ <1,000,000	$2,220

❑ **Affiliate Member $850**
❑ **Associate Member... $120**