Ready to join The VOICE of the Natural Products Industry? Complete the application below.

SECTION 1 Please classify your company: (PLEASE CHECK ALL THAT APPLY)

- ☐ Dietary Supplements
- ☐ Food
- ☐ Hemp
- ☐ Appliances, Equipment
- ☐ Pet Supplies
- ☐ Homeopathies
- ☐ Home Care
- ☐ Aromatherapies
- ☐ Raw Materials
- ☐ Baby Supplies
- ☐ Health & Beauty Aides
- ☐ Herbal Products
- ☐ Sports Nutrition
- ☐ Probiotics
- ☐ Other _____
- ☐ Supplier/Manufacturer
- ☐ Distributor
- ☐ Contract Manufacturer
- ☐ Broker
- ☐ Importer
- ☐ Exporter

SECTION 2

Do you manufacture or distribute under your own label?
☐ Yes ☐ No ☐ Not applicable to me

Is your company a corporation? ☐ Yes ☐ No

How many employees do you have? _____

SECTION 3

Are you interested in the following:
(PLEASE CHECK ALL THAT APPLY)

- ☐ Consultation (Label/Claim)
- ☐ TruLabel Program
- ☐ Good Manufacturing Practices (GMP) Certification
- ☐ Natural Seal for Personal Care Products
- ☐ Natural Seal for Home Care Products
- ☐ Natural Seal for Ingredients

SECTION 4

MEMBERSHIP LEVEL	DUES AMOUNT
☐ Standard Membership	$8,500.00
☐ Board Membership	$56,650.00

Annual Revenue $ _____

SECTION 5

Voting member contact and communication details:

Name _____
(FIRST) (LAST)
Title _____

Company _____

Address _____

_____

City _____ State _____

Zip _____ Country _____

Telephone _____

Cell Phone _____ Fax _____

Email (Required) _____

Website _____

Would you like other employees of your company to receive information from NPA?

Name _____
(FIRST) (LAST)
Title _____

Telephone _____

Email (Required) _____

Did a member of the Natural Products Association refer you?

☐ Yes ☐ No

Company Name _____

Name _____
(FIRST) (LAST)

SECTION 6 PAYMENT (MEMBERSHIP DUES ARE NONREFUNDABLE)

Dues Amount $ _____ ☐ MasterCard ☐ Visa ☐ American Express Check # _____

Card Number _____ Billing Zip Code _____

CID#* _____ Expiration Date _____

Cardholder Name _____ Cardholder Signature _____

*You must provide your Credit Card Identification Number (CID) that is located on the back of your Visa or Master Card (3 digit) or on the front of your AMEX (4 digit).
Membership dues paid by credit card will be auto-renewed on the membership expiration date. Please contact NPA 30 days prior to the expiration date if you do not wish to renew.

IMPORTANT: A portion of NPA dues can be deducted as a business expense; ask your tax advisor for details.

Please initial that you have read and accepted the Natural Products Association Code of Ethics on reverse page: _____ Date _____

Welcome to the Association
THE HILL LISTENS TO.

AS A MEMBER OF THE NATURAL PRODUCTS ASSOCIATION, I WILL ADHERE TO THE FOLLOWING CODE OF ETHICS:

1. I shall sell or supply nutritional foods, dietary supplements, and related products and services that may be helpful to consumers who seek to maintain or improve their health.
2. I shall sell only those products and services that are truthfully and legally labeled.
3. I shall engage in treatment, diagnosis, or prescribing only if lawfully licensed to do so.
4. I shall engage only in business practices that are legal, including marketing and advertising that is truthful and non-misleading.
5. I shall support with individuals and organizations to increase nutritional information and enhance consumer rights.
6. I shall be responsible and ethical in my relationships with customers, employees, peers, competitors, governments, and neighbors.
7. In the pursuit of this code and these goals, I will defend our First Amendment right to freedom of speech and press to lawfully impart truthful information concerning diet and nutrition, and will defend the health freedom right of consumers to obtain such information from the sources that they may choose.

QUESTIONS? PLEASE CONTACT US.

(202) 223-0101
membership@NPAnational.org
NPAnational.org

NPA
NATURAL PRODUCTS ASSOCIATION

PLEASE RETURN THIS APPLICATION VIA:

EMAIL
membership@NPAnational.org

FAX
(202) 223-0250

MAIL
NPA – New Member Welcome Center
444 North Capitol Street NW, Ste 638
Washington, DC 20001