

# AAHP MEMBERSHIP APPLICATION

## THREE CATEGORIES OF MEMBERSHIP:

### VOTING MEMBER COMPANY:

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 engage in one or more of the following activities in the U.S.: manufacture, distribute, or sell 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 Pharmacopeia of the United States ([www.hp.us.com](http://www.hp.us.com)).

### AFFILIATE MEMBER COMPANY:

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 that provide services or consulting to the homeopathic industry, or foreign entities not marketing in the U.S., or educational institutions.

### ASSOCIATE MEMBER:

Includes individuals who possess an interest in homeopathy as it relates to manufacturing, distributing, 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 AAHP and is represented by another person.

Firm Name: \_\_\_\_\_

Name of Representative to AAHP: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



### Application for Membership (check one)

- Voting Member Company\*
- Affiliate Member Company
- Associate Member

*\*Voting Member companies are required to maintain an active annual subscription to the Homeopathic Pharmacopeia of the United States.*

# AAHP MEMBERSHIP APPLICATION

How did you become aware or interested in AAHP?

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Briefly state why you wish to join AAHP:

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Of 2-3 membership meetings a year, how many could you attend? \_\_\_\_\_

List other homeopathic organization affiliations:

- National Center for Homeopathy       Other: \_\_\_\_\_  
 Society for Ultramolecular Medicine      \_\_\_\_\_  
 State or regional homeopathic society      \_\_\_\_\_

What other business or organization(s) are you a member of or affiliated with:

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**Please attach a profile (up to one page) of your company or homeopathic activities and interests. This profile will help all members become better acquainted with each other, and may be included in presentation materials about AAHP and its membership.**

## ASSOCIATE MEMBER APPLICANTS:

*Please include a copy of your state pharmacist's license (if applicable).*

## VOTING & AFFILIATE MEMBER COMPANY APPLICANTS:

*Please answer the remaining questions.*

Name of CEO or President: \_\_\_\_\_

Name of officers responsible for (one or more of the following):

Regulatory Affairs: \_\_\_\_\_ Email: \_\_\_\_\_

Quality Assurance: \_\_\_\_\_ Email: \_\_\_\_\_

Manufacturing: \_\_\_\_\_ Email: \_\_\_\_\_

Other Emails: \_\_\_\_\_

*Others in firms to receive AAHP communications* \_\_\_\_\_

Year Firm Established: \_\_\_\_\_ State/Country Established: \_\_\_\_\_

Number of years firm has been in the homeopathic industry: \_\_\_\_\_

Incorporated?  Yes  No  
Public?  Yes  No  
Private?  Yes  No

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## VOTING & AFFILIATE MEMBER COMPANY APPLICANTS:

Please answer the remaining questions.

Specify the firm's primary business activities

(Check all that apply):

- Manufacturing     Repackaging     Research     Consult to Industry  
 Distributing     Marketing     Service Provider     Other: \_\_\_\_\_

Is the firm's facility under the jurisdiction of the United States?     Yes     No

Does the firm have an FDA Establishment Registration Number?     Yes     No

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

State License Number: \_\_\_\_\_

If no Establishment Registration Number or state license, then

Business License Number: \_\_\_\_\_

IRS EIN Number: \_\_\_\_\_

Does the firm have a proprietary line of homeopathic drug products that is marketed in the United States?     Yes     No

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

\_\_\_\_\_

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: \_\_\_\_\_

To which markets does the firm sell? (Check all that apply):

- Natural Foods     Mass Market  
 Export     Private Label  
 Other: \_\_\_\_\_

In which of the common dosage forms is the firm interested? (Check all that apply):

- Tablets     Pellets  
 Liquids     Parenterals  
 Topicals     Nasal Sprays  
 Ophthalmics     Other: \_\_\_\_\_

List all websites owned by company:

\_\_\_\_\_

**Please include the following in your application:**

- Product catalog or list showing all product names, label indications and ingredients (*may be an electronic file or link to web page*)
- Samples of five different representative homeopathic drug product labeling

# 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: \_\_\_\_\_

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

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

## Dues for 2021 (Payable in USD)

Please see membership definitions on page 1.

- Voting Member Company:**  
based on self-reported  
annual sales. *(Please check  
appropriate level.)*
- Affiliate Member Company:** \$2,500
- Associate Member:** \$200

Sales Level	Dues
<input type="checkbox"/> \$75-100 Million	\$60,000
<input type="checkbox"/> \$50-75 Million	\$55,000
<input type="checkbox"/> \$30-50 Million	\$38,500
<input type="checkbox"/> \$20-30 Million	\$29,300
<input type="checkbox"/> \$10-20 Million	\$18,700
<input type="checkbox"/> \$5-10 Million	\$13,400
<input type="checkbox"/> \$3-5 Million	\$9,000
<input type="checkbox"/> \$1-3 Million	\$6,500
<input type="checkbox"/> \$600K-1 Million	\$3,050
<input type="checkbox"/> \$300-600K	\$2,000
<input type="checkbox"/> <\$300K	\$1,000