

AMERICAN HALAL ASSOCIATION MEMBERSHIP APPLICATION



Company Name: _____

Division or DBA: _____

Website: _____

Contact Person: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Company Telephone: _____

Contact e-mail: _____

Contact Telephone: _____

Contact FAX: _____

Company wide e-mail: _____

Country: _____

Company FAX: _____

BUSINESS DESCRIPTION

Please provide a brief description of your company and identify which Industry Sector you represent below.

- Food Finance Certification Ingredient Supplier Logistics Pharmaceutical Health Care & Personal Care
 Insurance Travel & Hospitality Communications & Media Publishing Clothing/Apparel Non-Profit/Govt. Agency Other

Would you like your company's description and contact information available to viewers of our association Directory? Yes No

HALAL CERTIFICATION

Are your products and/or operations certified? Yes No If so, by whom: _____

SELECT MEMBER CATEGORY & DUES LEVEL

Sustaining Trade: Only US based businesses or organizations directly engaged in the production, distribution, certification, or promotion of halal products and the services required to produce them are eligible for Sustaining Trade Membership.

<u>Revenue Volume</u>	<u>Annual Fees</u>
<input type="checkbox"/> <\$5 Million in Sales	\$500
<input type="checkbox"/> \$5-25 Million in Sales	\$1000
<input type="checkbox"/> \$25 Million in Sales	\$1500

Supporting Associate: Membership includes US based businesses, organizations and individuals that are not eligible for Sustaining Trade Membership but who are supportive of principles consistent with those of the halal industry. Supporting Associate Members receive AHA member benefits.

<u>Revenue Volume</u>	<u>Fees</u>
<input type="checkbox"/> <\$5 Million in Sales	\$500
<input type="checkbox"/> \$5-25 Million in Sales	\$1000
<input type="checkbox"/> \$25 Million in Sales	\$1500

PAYMENT CONFIRMATION

Check *or* Credit card: *Visa, MasterCard and Discover*

Total Membership Payment: _____ Credit Card #: _____

Card Id #: _____ Exp. Date: _____ Print name: _____ Title: _____

Signature: _____ Date: _____

Mail or FAX this membership application to:

American Halal Association
444 E. Roosevelt Road, Suite 251
Lombard, IL 60148-4630
PHONE 1-630-528-3400
FAX 1-630-528-3239