

AHHA ORGANIZATIONAL MEMBERSHIP APPLICATION



AMERICAN
HOLISTIC
HEALTH
ASSOCIATION

The Free and Impartial
Wellness Resource
Connecting You to the
Power of Choice

APPLYING ORGANIZATION'S NAME:

Organization Name _____

QUALIFYING CRITERIA:

To qualify as an AHHA Organizational Member your company/organization must:

- offer a product, service, or educational opportunity that enhances health and well-being
- encourage a holistic approach to creating wellness

List what health-related products, services, or educational opportunities your company/organization offers:

APPLYING ORGANIZATION'S CONFIDENTIAL CONTACT INFORMATION:

This information is kept confidential, *unless authorized elsewhere for inclusion in listing.*

Contact Person Name/Title: _____

Contact Person Phone: _____ Contact Person Email: _____

Mail To Street Address: _____

Mail To City: _____ Mail To State: _____ Mail To Zipcode: _____ Mail To Country: _____

ORGANIZATION'S AUTHORIZED DATA FOR PUBLIC LISTING:

The following information is authorized to be in the AHHA Organizational Member's listing **shared with the general public in print and online.**

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____ Country: _____

Phone: _____ Email: _____ Website: _____

Descriptive text:

Describe what types of products/services are offered; why someone would want them; how customers can obtain them. Space limits restrict this field to approximately 70 words or about 480 characters (dictated by printed version of list).

Listing Category:

Position our company/organization under the following heading on the networking list: PICK ONE

- Books/Other Media
- Education - Personal
- Education - Professional
- Products
- Services

Continue on other side

MEMBERSHIP REQUEST:

Yes, our company/organization encourages a holistic approach to wellness.

Yes, our company/organization grants permission for release of the authorized information for the AHHA Organizational Member networking list and other public relations opportunities.

Yes, our company/organization wants to become an Organizational Member of the AMERICAN HOLISTIC HEALTH ASSOCIATION and certify that the information we have presented above is accurate.

SIGNATURE: _____ DATE: _____

HELP AHHA GO GREEN:

There are two ways that your company/organization can help AHHA be more "green" and reduce our paper consumption:

Access some of your Thank You Packet online PICK ONE

- Option 1 = Receive receipt, certificate, and booklet by mail. Access all other materials online in *Members Only* section.
- Option 2 = Receive everything by mail

Access the AHHA Members Only Newsletter online PICK ONE

Issues of the bi-monthly AHHA newsletter, published to promote networking among members, are posted in the online *Members Only* section.

- Option 1 = Read online, after email alert available
- Option 2 = Receive in mail
- Option 3 = Both

CONTRIBUTION INFORMATION:

AHHA is a designated 501(C)(3) - Tax ID# 33-041271

Contributions are tax deductible as allowed by law

BASIC AHHA ORGANIZATIONAL MEMBERSHIP CONTRIBUTION

Our company/organization supports the vital work of AHHA! The leading nonprofit wellness and healing information resource, valued by many of the foremost healthcare professionals in America.

Our AHHA Organizational Membership annual contribution is..... \$ 110
 For foreign (non-USA) addresses add an additional \$10 toward extra postage costs \$ _____

ADDITIONAL DONATION

We understand that nonprofit AHHA remains free and impartial only through donations.

In fact, AHHA's work is funded solely by contributions. Therefore, we want to contribute an additional amount to expand the outreach of this valuable organization.

Of the additional donation amounts over and above basic membership contribution, we select \$ _____

- Platinum Circle: \$500 +
- Gold Circle: \$250 – \$499
- Silver Circle: \$100 – \$249
- Bronze Circle: \$50 – \$99
- Extra Gift: \$49 or less

With permission of the donor, an extra donation **over and above the basic membership contribution amount** is acknowledged in the Honored Donors section of our website at ahha.org/donors.asp with the name of the donor.

Gold and Platinum Circle level donors can add a hyperlink. We grant permission to be added to the Honored Donors list: Yes No

OUR COMBINED SUPPORT TO AHHA. Type in the total amount you are contributing \$ _____

This is the sum of basic \$110 membership contribution, \$10 towards foreign postage (if appropriate), and any additional donation.

SUBMITTAL OPTIONS:

Check **Money Order** **Credit Card:** Visa MasterCard Discover *If payment by credit card, fill in the following:*

- CREDIT CARD NUMBER _____ Expiration Date _____
- NAME as it appears on the credit card _____
- FULL BILLING ADDRESS for the credit card _____
- SIGNATURE of card holder _____ DATE _____

AHHA will submit your credit card transaction and notify you of the authorization code.

Return completed application and membership contribution to:
 AHHA • PO Box 17400 • Anaheim, CA 92817-7400
 Refer questions to 714.779.6152 • ahha.org • mail@ahha.org