

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 _____

APPLYING ORGANIZATION'S CONFIDENTIAL CONTACT INFORMATION - FOR USE BY AHHA ONLY:

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: _____

MEMBER LOGIN:

Each AHHA member has a login UserID & Password for access to the online AHHA Members Only Section. Designate an email that can be used in case you forget your password in the future. It is best to use an email with limited access. Login-related email to use: _____

AHHA IS NOW EXCLUSIVELY ONLINE:

AHHA strives to "go green" and minimize our paper consumption. Your AHHA membership contribution receipt is emailed to you. Thank You Packet materials & bi-monthly member newsletter issues are accessed online in the password-protected Members Only Section. As of January 2021 AHHA membership certificates will be exclusively digital format emailed to members. Please select your preference related to receiving an AHHA membership certificate.

- Don't need a AHHA membership certificate
- Email a digital AHHA membership certificate
- Mail a printed AHHA membership certificate, suitable for framing; or

If your Mail To address is outside of the U.S., you need to prepay mailing costs to have your AHHA membership certificate mailed to you.

APPLICANT'S 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:

ORGANIZATION'S AUTHORIZED DATA FOR PUBLIC LISTING - THE FOLLOWING DATA WILL BE SHARED WITH THE GENERAL PUBLIC VIA YOUR LISTING:

Only the following data is authorized to be in our AHHA Organizational Member listing **shared with the general public in print and online.**

(Yes, this involves duplicating data listed in other sections of this application)

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 490 characters.

Continue on other side

Listing Category:

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

- Books/Other Media
- Education - Personal
- Education - Professional
- Healing Centers
- Insurance
- Products
- Services

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:** _____

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

To support the work of AHHA providing the general public with educational health and wellness resources.

Our AHHA Organizational Membership contribution for the next 12 months \$ 110

OPTIONAL ADD ON POSTAGE COSTS - IF MATERIALS MAILED TO FOREIGN ADDRESS

For non-U.S. addresses - add mailing costs for any requested mailed materials \$ _____

OPTIONAL ADDITIONAL DONATION [Over Basic Membership Contribution]

As a nonprofit AHHA remains free and impartial only through donations.

Therefore, our organization contributes an **additional amount** to expand the outreach of this valuable organization.

IN ADDITION TO basic membership contribution above, our organization donates an additional amount of \$ _____

- Platinum Circle: \$500+;
- Gold Circle: \$250 – \$499;
- Silver Circle: \$100 – \$249;
- Bronze Circle: \$50 – \$99;
- Copper Circle: \$5-\$49

With permission of the donor, an extra donation over and above the basic membership contribution amount is acknowledged in the **Honored Donors** section of AHHA website with the name of the donor.

Gold and Platinum Circle level donors can add a hyperlink.

Our organization grants permission to be added to the Honored Donors list: Yes; No

OUR COMBINED SUPPORT TO AHHA

Type in the TOTAL AMOUNT you intend to contribute to AHHA \$ _____

This is the **SUM** of basic \$110 membership contribution, **plus** mailing costs (if requested materials mailed to non-U.S. address), **plus** any additional donation you would like to make.

PAYMENT OPTIONS:

- Check
- Money Order

Return completed application and membership contribution to:

AHHA • PO Box 17400 • Anaheim, CA 92817-7400

Refer questions to 714.779.6152 or mail@ahha.org

[If you wish to pay by credit card, use the online options] at ahha.org/joindonate.]