

# AHHA ORGANIZATIONAL MEMBERSHIP APPLICATION

## 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 : (REQUIRED) \_\_\_\_\_

Mail To Street Address: \_\_\_\_\_

Mail To City: \_\_\_\_\_ Mail To State: \_\_\_\_\_ Mail To Zipcode: \_\_\_\_\_ Mail To Country: \_\_\_\_\_

AMERICAN  
HOLISTIC  
HEALTH  
ASSOCIATION

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

## 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 are exclusively digital format emailed to members.

## 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 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** 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.]