

Membership Application

International Aloe Science Council 8630 Fenton Street, Suite 918 Silver Spring, Maryland 20910 Phone: 734.476.9690

www.iasc.org

To submit this application, please email to info@iasc.org or fax to 301.588.1174.

Company Information

Company name		Web	osite		
Address		Address 2	2		
State/province	Country			Zip/postal code	
Primary contact name			Title		
Phone number		Email			
Upon acceptance of your apple below.) will be added to the emailing the association will and phone number.	e IASC mailing and distri	bution list. M	Nore contacts can	be added by	
Company description & products/services offered:					

Membership dues and categories

Types of Membership (Please choose the relevant membership category)

\bigcirc	Active Member are entities (individual, sole proprietor, partnership, corporation (and its
	subsidiaries & subdivisions), or other business firm) whose activities to a significant extent
	involve the growing, supplying, processing, manufacturing, marketing, or sale of aloe or aloe products.

Associate Member are entities (individual, sole proprietor, partnership, corporation (and its subsidiaries & subdivisions), or other business firm) not directly engaged in, but serving the aloe industry. This membership category includes, but is not limited to: researchers, educators, consultants, attorneys, healthcare professionals, and the media. No entity that is eligible to be an Active Member may join the IASC as an Associate Member.

Membership dues

Dues are to be paid annually and are non-refundable. U.S. dues are calculated by overall annual company revenues based on the chart below. International & Associate dues are a flat fee. Please check and remit the appropriate amount as well as relevant membership categories of your business.

Annual Company Sales	IASC Dues
< \$500,000	\$1,100.00
to 1 mil	\$1,200.00
to 5 mil	\$1,800.00
to 10 mil	\$3,000.00
to 25 mil	\$4,000.00
to 50 mil	\$7,000.00
to 100 mil	\$10,000.00
100 mil +	\$15,000.00

Calculated dues amount

Membership category (Please check all that apply):					
Finished Product Marketer	Raw Materials Supplier	Acreage/Location			
Orally ingested (i.e. juice)	☐ Whole leaf				
☐ Topical/cosmetic	☐ Inner fillet				
□ отс	Concentrates				

Applicant certifies by signing below that the information contained herein is accurate and agrees to support the mission, goals and objectives of the IASC, including payment of all dues and properly approved assessments; adherence to all policies and principles of business practice as outlined in the Bylaws and Code of Ethics & Business Conduct, and to any rule or practice properly adopted by the Council; and restraint from any conduct prejudicial to the interests of the IASC.

Signature		Date
Payment information		
Method of payment		
Check payable to IASC enclose	sed in the amount of \$	
Credit card: Signature author \$	rizes IASC to charge credit card in the am	nount of
Credit card payments	V Code (3 or 4 digit code (front of card on American Express)	Expiration Date
American Express		
○ Visa		
○ Mastercard	Credit card #	
Cardholder's name	Date	1
Signature	Digital signature o	ption
To submit this application	n, please email to <u>info@iasc.org</u> (or fax to 301.588.1174
Additional colleagues covered	d by membership	
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Name	Email address	
		_
Name	Email address	