



# 2017 Retailer and Industry Professional MEMBERSHIP APPLICATION

Jan. - Dec.  
Enriching your health through natural products and education  
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**This is a:**  
 **Renewal Membership\*\***  
 New Membership

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**VOTING MEMBERSHIP:**  Retailer

**TO BE ELIGIBLE FOR RETAIL MEMBERSHIP, A RETAILER MUST:**

- \*Be primarily engaged in the independent retailing of nutritional products from a self-contained store(s) where a minimum of 75 percent of the gross sales consist of items sold in health food stores such as nutritional foods, food supplements and related items.
- \*Have an established storefront and business hours

**NON-VOTING MEMBERSHIP:**  Nutritional Professional  Associate Member  Publishers  Allied Group

**\*\*Renewal Memberships ONLY:** Once you fill in your business name and designated voter (**MANDATORY**), you can choose to **ONLY** update areas that have changed since last year (ex-new email address or phone number). **If NO CHANGES AT ALL, check this box.**

PLEASE COMPLETE ALL INFORMATION AS WE DO UPDATE OUR MEMBERS BY EMAIL AND FAX AS WELL AS MAIL

**BUSINESS NAME** (and DBA if applicable) \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ WEBSITE \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

**DESIGNATED VOTER** \_\_\_\_\_  
(Please provide the name of the individual who will be authorized to cast a ballot in election)

## MEMBER INFORMATION

The following requested information will enable the NPA Southwest to better serve the needs of the membership:

My business is a franchise.  YES  NO Number of Stores: \_\_\_\_ Total Sq. Footage of All Stores: \_\_\_\_ Number of Employees: \_\_\_\_

My retail store sells the following:

- Aromatherapy  Dietary Supplements  Food, Fresh Produce  Food, Restaurant  Juicers & Other Appliances
- Clothing  Dietary Supplements, Private Label  Food, Organic  Health & Beauty Aids  Literature/Books
- Cooking Utensils  Food, Deli-Prepared  Food, Packaged  Herbal Products  Sports Nutrition

Other \_\_\_\_\_

## PAYMENT OPTIONS

**TOTAL ANNUAL DUES \$125 each, plus \$40 each additional store. Please add additional store names and addresses on the back of this form.**

Check Enclosed (Make payable to NPA-Southwest) Check # \_\_\_\_\_ 2017 Membership Dues \$ \_\_\_\_\_  
 I authorize the NPA-Southwest to CHARGE MY: Additional Stores \$ \_\_\_\_\_  
 VISA  MasterCard  AMEX  DISC Non-member dues (\$150-if applicable) \$ \_\_\_\_\_  
Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Retailers for Prosperity Donation (opt.) \$ \_\_\_\_\_  
Name on Card \_\_\_\_\_ **IF ATTENDING HEALTHFEST**  
(Must appear exactly as on Card) Additional badges (\$25-6 free per store) \$ \_\_\_\_\_  
Billing Address \_\_\_\_\_ **TOTAL DUE** \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_

YES, I BELIEVE IN THE BENEFITS OF NPA SOUTHWEST MEMBERSHIP. I understand that I will be a member of the Southwest Region of the NPA. I agree to abide by the NPA-SW Code of Ethics (on website at www.NPAsw.org). I further understand that a portion of NPA-Southwest dues are non-deductible as ordinary business expense under section 162 of the Internal Revenue Code.

Signature \_\_\_\_\_ Date \_\_\_\_\_