

**APPLICATION FOR MEMBERSHIP TO
THE HEALTH PRODUCTS ASSOCIATION OF SOUTHERN AFRICA (HPA)**

We thank you for your query to apply for Membership to the HPA. Please fill out the sections below.

CRITERIA

To qualify as a Member each company / business or individual agrees that:

1. They fall within one of the HPA Membership Categories as detailed in the HPA Constitution.
2. They agree to abide by the CODE of CONDUCT as detailed in the HPA Constitution.
3. That in the event of any dispute regarding eligibility requirements, the decision of the HPA Executive Council shall be final.
4. They agree to pay their annual HPA Membership fees.
5. That their Membership shall be subject to a six-month probationary period.

MEMBERSHIP DETAILS

(Please complete all sections providing as many detail as possible)

COMPANY NAME	
COMPANY REGISTRATION NUMBER <i>(If registered in South Africa, if not registered in RSA then where is your company registered)</i>	
COMPANY VAT NUMBER <i>(where applicable)</i>	
PHYSICAL ADDRESS <i>(including postal code)</i>	
POSTAL ADDRESS <i>(including postal code)</i>	
TELEPHONE NUMBER	
WEBSITE URL	

<p>PRIMARY CONTACT PERSON:</p> <ul style="list-style-type: none"> • FULL NAME • EMAIL ADDRESS • TELEPHONE NUMBER 	
<p>COMPANY DIRECTORS</p>	
<p>OTHER PERSONS TO INCLUDE ONTO HPA MAILING LIST</p> <p><i>(including name and email address – for example)</i></p> <ul style="list-style-type: none"> - CEO - COMPLIANCE / LEGAL / TECHNICAL - MARKETING - SALES - ACCOUNTS 	
<p>WHICH OF THE BELOW BEST DESCRIBES YOUR BUSINESS?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Distributor <input type="checkbox"/> Marketer <input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Retailer <input type="checkbox"/> Health Shop <input type="checkbox"/> Raw / Packaging Material Supplier <input type="checkbox"/> Consultancy <input type="checkbox"/> Other (please specify)

<p>WHICH OF THE BELOW BEST DESCRIBES YOUR PRODUCTS?</p>	<table border="1"> <tr> <td data-bbox="786 360 847 434"><input type="checkbox"/></td> <td data-bbox="847 360 1417 434">Category D Complementary Medicines - Discipline Specific CMs</td> </tr> <tr> <td data-bbox="786 434 847 539"><input type="checkbox"/></td> <td data-bbox="847 434 1417 539">Category D Complementary Medicines - Health Supplements / Dietary Food Supplements</td> </tr> <tr> <td data-bbox="786 539 847 613"><input type="checkbox"/></td> <td data-bbox="847 539 1417 613">Category D Complementary Medicines - Combination CMs</td> </tr> <tr> <td data-bbox="786 613 847 687"><input type="checkbox"/></td> <td data-bbox="847 613 1417 687">Foods / Beverages</td> </tr> <tr> <td data-bbox="786 687 847 761"><input type="checkbox"/></td> <td data-bbox="847 687 1417 761">Cosmetics</td> </tr> <tr> <td data-bbox="786 761 847 835"><input type="checkbox"/></td> <td data-bbox="847 761 1417 835">Category A Medicines</td> </tr> <tr> <td data-bbox="786 835 847 909"><input type="checkbox"/></td> <td data-bbox="847 835 1417 909">Other (please specify)</td> </tr> </table>	<input type="checkbox"/>	Category D Complementary Medicines - Discipline Specific CMs	<input type="checkbox"/>	Category D Complementary Medicines - Health Supplements / Dietary Food Supplements	<input type="checkbox"/>	Category D Complementary Medicines - Combination CMs	<input type="checkbox"/>	Foods / Beverages	<input type="checkbox"/>	Cosmetics	<input type="checkbox"/>	Category A Medicines	<input type="checkbox"/>	Other (please specify)
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<input type="checkbox"/>	Other (please specify)														
<p>DO YOU ALREADY MARKET YOUR PRODUCTS IN SA? PLEASE PROVIDE BRAND NAMES?</p>															
<p>ARE THEY REGISTERED WITH SAHPRA – IF SO PLEASE GIVE DETAILS?</p>															
<p>ARE YOU IN POSSESSION OF ANY LICENSES WITH SAHPRA OR OTHER? IF SO PLEASE GIVE DETAILS?</p>															
<p>ARE YOUR PRODUCTS MARKETED ELSEWHERE IN THE WORLD – IF SO WHERE?</p>															
<p>IF YOU OUTSOURCE YOUR MANUFACTURING PLEASE PROVIDE NAME OF YOUR MANUFACTURING COMPANY/S?</p>															

MEMBERSHIP CATEGORY

Please select which category of Membership best describes your business. Please an X next the section that best reflects your company.

Ordinary / Standard Membership	
Any business/trading entity engaged in the manufacture, importation, marketing, distribution of complementary medicine, dietary food supplements, health foods or health beverages in Southern Africa.	
Turnover under R250K	
R250K > R500K	
R500k > R1M	
R1M > R5M	
R5M > R10M	
R10m > R30M	
R30M > R50M	
R50M > R100M	
R100M > R200M	
R200M > R300M	
over R300M	
Associate Membership	
Any business/trading entity whose activities support the activities of the ordinary Members. These individuals/companies do not manufacture, market, or sell their own complementary medicines, health supplements, health foods or health beverages.	
Associate members also include those individuals/companies who provide services in some form or another (e.g., pharmacists, raw material suppliers, third-party manufacturers, marketing, merchandising and/or sales agents, retailers who do not have their own brands and consultants) to the Association's membership.	
Turnover under R250K	
R250k > R500K	
R500K > R1M	
R1M > R5M	
R5M > R10M	
R10M > R30M	
R30M > R50M	
R50M > R100M	
R100M > R150M	
R150M > R200M	
R200M > R300M	
over R300M	

Affiliate Membership *

Any business/trading entity/individual that/who is considered by the Executive Council to be supportive of the objectives of the Association and whose activities are affiliated to the industry. These companies/individuals do not manufacture, market or sell their own complementary medicines, health supplements, health foods or health beverages and do not provide services in any form to the Association's membership but who would add value to the Association itself (e.g. academics, institutions such as a university, an accredited individual or recognized expert in the field)

Individuals	
Companies	
Health Shop	
Health Shops (Independent)	

SIGNATURES

PLEASE ENSURE THAT THIS DECLARATION IS SIGNED.

HPA MEMBER DECLARATION

I/We, the undersigned, being the Chief Financial Officer/Auditor/Authorised Person of

(NAME COMPANY)

Hereby declare that I am authorised to sign this application and declaration, that the information provided in this application and the HPA Membership Category is accurate.

(NAME THE HPA MEMBERSHIP CATEGORY BASED ON DEFINITIONS AND ANNUAL RETAIL TURNOVER OF COMPLEMENTARY MEDICINE AND NATURAL HEALTH PRODUCTS IS A TRUE REFLECTION OF THE COMPANY'S ANNUAL TURNOVER)

NAME & CAPACITY - PLEASE PRINT

SIGNATURE

DATE

Please be assured that your financial details will not under any circumstances be shared with any other member of the HPA or any other person

HPA BANKING DETAILS:

Name of Account:

Health Products Association

Bank:

Standard Bank

Branch & Code:

051001

Account No:

022237496

Payment reference

HPA invoice number

Applications should be submitted via email to: HPA Secretariate, hpasa@hpasa.co.za