



HPA 2021 ANNUAL SUBSCRIPTIONS

FULL MEMBER	FEES DUE BY JANUARY 31ST 2021
Under R250K	R3 000
R250K > R500K	R7 000
R500k > R1M	R15 000
R1M > R5M	R25 689
R5M > R10M	R32 128
R10m > R30M	R41 108
R30M > R50M	R46 243
R50M > R100M	R51 378
R100M > R200M	R59 945
over R200M	R77 066
ASSOCIATE MEMBERSHIP* See Definition	
Under R250k (Health Shops)	R1 500
R250k-R500k	R2 500
R500k-R1m	R5 000
Under R5M	R8 561
R5M > R10M	R11 307
R10M > R25M	R14 561
R25M > R50M	R16 270
R50M > R100M	R20 554
R100M > R150M	R25 689
R150M > R200M	R30 824
over R200M	R34 256
AFFILIATE MEMBERSHIP * See Definition	
Individuals	R2,500
Companies	R5,000

DEFINITIONS:

- **Full Member:** Any company that manufactures, imports, exports, distributes, wholesales or markets product/s into the retail environment (including via internet or other method).
- **Associate Member:** Any company such as a manufacturer who supplies the industry and does not directly retail a product into the retail trade, Internet or any other form of retail

- **Affiliate Member:** Any individual that provides a service to the CAMS industry but works as an independent person not affiliated to any company, or other affiliates that may remunerate them other than their individual clients. i.e. an independent. Any person who is not necessarily a part of the industry but would like to remain informed.
- **Institutions:** A company or institution that supplies a service to the supplement/CAMS industry i.e. a university, appropriate association.

PLEASE ENSURE THAT THE DECLARATION OF TURNOVER CATEGORY IS SIGNED. THIS NEEDS ONLY APPLY TO NEW MEMBERS OR TO MEMBERS WHO ARE CHANGING THEIR TURNOVER CATEGORY.

TURNOVER DECLARATION

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

_____ (name company)

Hereby declare that the subscription category of _____

(name category based on annual retail turnover of CAMS products) is a true reflection of the company's annual turnover.

Signed (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: Rosebank 006-605
Account No: 022237496

A further personalized invoice will be sent