

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

<b>Ordinary / Standard Membership</b>	
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	
over R200M	
<b>Associate Membership</b>	
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	
over R200M	

**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)

<b>Individuals</b>	
<b>Companies</b>	

**SIGNATURES**

**PLEASE ENSURE THAT THIS DECLARATION IS SIGNED.**

**HPA MEMBER DECLARATION**

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

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(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.**

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(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)

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NAME & CAPACITY - PLEASE PRINT

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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 006605 (for internet payments: 051001)**

**Account No:**

**022237496**

**Payment reference**

**HPA invoice number**