



# Registration Form

Company Name:		
Address:		
City:	State:	Country:
Postal Code:	Contact:	Title:
Phone:	Fax:	Cell:
Email:	Website:	

## Membership Level

Check the box of the desired membership level. Please review the membership qualifications in the benefits and due structure document.

Board Member

\$12,000.00

Associate Member

\$4,800.00

## Payment Information

Dues are wire transferred in \$US to the association's U.S. bank account. The wire information will be sent to you once the association has received this signed application.

By signing this application, the applicant agrees not to sue or to hold the U.S. - China Health Products Association or any of its officers, directors, members and their agents harmless with respect to any actions taken by the U.S. - China Health Products Association or any authorized U.S. - China Health Products Association committee with respect to member program and the member's products, unless such actions result from gross negligence or reckless and wanton misconduct. A portion of the association's dues are deductible as an ordinary business expense under Section 162 of the Internal Revenue Code. Membership dues are nonrefundable.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please scan and email this form together with a copy of the wire transfer to:  
**info@uschinahpa.org**

*Your Trusted China Partner*