

NAESM

a better
way

for horses
consumers
and industry

APPLICATION FOR MEMBERSHIP

Please mail completed form and check payable to NAESM to:
NAESM, P. O. Box 1905, Melrose Park, IL 60160
Annual Dues for Year 2000: \$500

COMPANY: _____

YOUR NAME (please print): _____

YOUR SIGNATURE:
(Dues to be paid within 30 days) _____

POSITION: _____

MAIL ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

SHIPPING ADDRESS
(if different than mail address) _____

TELEPHONE: _____

TOLL FREE #: _____

FAX: _____

E-MAIL: _____

Can you receive e-mail attachments as:

MS WORD YES NO

COREL WORD PERFECT YES NO

"PDF" YES NO (Free Adobe Acrobat Reader available at www.adobe.com)

OTHER (please name): _____

WOULD YOU BE WILLING TO SERVE ON ANY OF THE FOLLOWING COMMITTEES

(please check if "Yes")

MEMBERSHIP STANDARDS YES

PRODUCT CERTIFICATION YES

REGULATORY AFFAIRS YES

PUBLIC RELATIONS YES

ORGANIZATIONAL/BY-LAWS YES

Are there any particular skills or resources that you (might) be willing to volunteer in support of the association?

The National Association of Equine Supplement Manufacturers strives to promote high professional and ethical standards of manufacturing, labeling, advertising and promotional materials for equine supplements. The Association will work to develop and maintain a united voice to address regulatory and consumer concerns affecting the equine supplement industry, and to encourage a spirit of co-operation among its members.