Membership Information Form

_____ **CORPORATE MEMBER – $250 – 6 members from your organization**
_____ **SMALL BUSINESS*/NON-PROFIT MEMBER – $150 – 4 members**
(*Small Business = 10 or fewer employees)

The following information will be available to all NAITA members. Please return this form to the address/fax number below.

COMPANY NAME: _____

CONTACT: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____)_____ FAX: (____)_____

INDUSTRY: _____

COMPANY DESCRIPTION: _____

WEBSITE: _____ E-MAIL:_____

ITEM(S) OFFERED FOR EXPORT (if applicable):

SIC CODE   ITEM DESCRIPTION
_____ _____
_____ _____
_____ _____

If Service Industry, please describe services offered:
_____
_____

SPECIFIC COUNTRY MARKET EXPERTISE
_____
_____

LANGUAGE CAPABILITIES_____

OTHER INTERNATIONAL EXPERTISE_____
_____

DO YOU IMPORT?_____ IF SO WHAT PRODUCTS?_____
_____

PLEASE RETURN THIS FORM WITH YOUR CHECK MADE PAYABLE TO:
NORTH ALABAMA INTERNATIONAL TRADE ASSOCIATION (NAITA)
P.O. BOX 2457 • HUNTSVILLE, ALABAMA 35804 • Fax: 256.532.3704
Questions? Please contact Anne Burkett, NAITA Executive Director, 256.532.3505 or naita@naita.org.

NAITA CORPORATE OR SMALL BUSINESS MEMBER INFORMATION FORM

Organization: _____

*The information you provide, including email addresses, will be available in an online NAITA Membership Directory **accessible to NAITA members only via password.** Please let us know if you do not wish to be included in this directory. Please list your company's representatives below, including contact information, and provide updated information as appropriate.*

MEMBERS:
Primary Contact
NAME: _____ TITLE: _____
ADDRESS:_____
ADDRESS:_____
CITY:_____ STATE:_____ ZIP:_____
TELEPHONE: (____)_____ FAX: (_____)_____
E-MAIL:_____

Other NAITA Members: *(Please give address if different from above)*
NAME: _____ TITLE: _____
ADDRESS:_____
ADDRESS:_____
CITY:_____ STATE:_____ ZIP:_____
TELEPHONE: (____)_____ FAX: (_____)_____
E-MAIL:_____

NAME: _____ TITLE: _____
ADDRESS:_____
ADDRESS:_____
CITY:_____ STATE:_____ ZIP:_____
TELEPHONE: (____)_____ FAX: (_____)_____
E-MAIL:_____

NAME: _____ TITLE: _____
ADDRESS:_____
ADDRESS:_____
CITY:_____ STATE:_____ ZIP:_____
TELEPHONE: (____)_____ FAX: (_____)_____
E-MAIL:_____

NAME: _____ TITLE: _____
ADDRESS:_____
ADDRESS:_____
CITY:_____ STATE:_____ ZIP:_____
TELEPHONE: (____)_____ FAX: (_____)_____
E-MAIL:_____

NAME: _____ TITLE: _____
ADDRESS:_____
ADDRESS:_____
CITY:_____ STATE:_____ ZIP:_____
TELEPHONE: (____)_____ FAX: (_____)_____
E-MAIL:_____

INFORMATION PROVIDED BY:
NAME_____DATE_____

SIGNATURE_____