



North Alabama International Trade Association (NAITA)
SUSTAINING MEMBER INFORMATION FORM

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 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 at 256.532.3505 or naita@naita.org.

NAITA SUSTAINING MEMBER INFORMATION FORM

Organization: _____

The Sustaining Membership entitles your company to 25 members for \$1500.00. *The information you provide, including e-mail 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. This form may be duplicated for additional members up to 25 individuals.

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 _____