



**NAITA**  
North Alabama International Trade Association

**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):

NAICS CODE	HS 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**

*Questions? Please contact Anne Burkett, NAITA Executive Director, at [naita@naita.org](mailto: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 \_\_\_\_\_