



### Membership Information Form

\_\_\_\_\_ **CORPORATE MEMBER – \$250 – 6 members (3 voting) from your organization**  
\_\_\_\_\_ **SMALL BUSINESS\*/NON-PROFIT MEMBER – \$150 – 4 members (2 voting)**  
(\*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 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](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. **The first 3 members listed for a Corporate Membership will be voting members. The first 2 members listed for a Small Business/Non-Profit Membership will be voting members.**

## 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 \_\_\_\_\_