

**AMERICAN SPICE TRADE ASSOCIATION, INC.**1101 17th Street, N.W., Suite 700, Washington, DC 20036

Phone: 202. 331.2460 E-mail: info@astaspice.org Web: www.astaspice.org

APPLICATION FOR MEMBERSHIP*Please TYPE or PRINT all information*

Company Name:			Year Founded:
Street Address:			
City:	State:	Country:	Zip:
Individual Representing firm:		Title:	
Telephone:	Fax:	E-mail:	Web:
Description of Company: (**Please include your Annual Report or a Company Brochure)			
Signature:			Signature Date:

We hereby apply for Membership in the American Spice Trade Association as an (See Page 2)

(Please Check One):

- ☐ **ACTIVE MEMBER:** ☐ Broker/Agent **or**
 ☐ Importer, Trader, Processor, Grower, or Distributor
- ☐ **ASSOCIATE MEMBER**

REFERENCES – Provide two company references in the spice industry.

NAME: _____	NAME: _____
COMPANY NAME: _____	COMPANY NAME: _____
EMAIL ADDRESS: _____	EMAIL ADDRESS: _____

For ASTA use only: Date affirmed as member Date: _____

PLEASE RETURN your completed application with your payment of the application fee and accompanying materials (i.e. Categorization Form, company brochure) to: **American Spice Trade Association, Inc.**, 1101 17th Street NW, Suite 700, Washington, DC 20036. Make CHECKS PAYABLE to AMERICAN SPICE TRADE ASSOCIATION, INC., in U.S. Dollars, drawn on a U.S. Bank.

MEMBERSHIP CATEGORY DEFINITIONS

■ ACTIVE MEMBERSHIP:

All individuals, firms, and corporations that are based in the United States, or doing business in the United States either through a related business entity or agent, or by offering items for sale for importation into, or exportation from, the United States, and that are primarily engaged in the growing, importation, exportation, processing, blending, trading, distribution, or sale at wholesale or retail of spices or seasonings are eligible for Active membership in one of the following categories:

◆ **Brokers and Agents:** Those firms whose activities include that of acting as Brokers and Agents for the purchase or sale of spices.

◆ **Importers, Traders, Processors, Growers or Distributors:** Those firms whose activities include that of acting as Importers, Traders, Processors, Growers or Distributors of ***Spices, Dehydrated Onion & Garlic or Oleoresins*** (or combinations).

■ ASSOCIATE MEMBERSHIP:

All individuals, firms, associations, and corporations engaged in businesses associated with the spice industry who do not otherwise qualify for Active membership and who are able to assist in promoting and carrying out the purposes of the Association.

MEMBERSHIP FEES AND DUES

Applicants for membership must remit a nonrefundable application fee of **\$250** with a completed application.

ASTA Annual Dues year covers the period of July 1 to June 30.

IMPORTERS/TRADERS/PROCESSORS/GROWERS/DISTRIBUTORS

BASED UPON SUBMITTED CATEGORICAL DUES FORM – Dues will be calculated upon receipt of form.

Dues are assessed on the number of pounds of spices sold to or purchased in the United States and range from \$3,000 to \$68,250. Dues for active members are \$3,000 for the first 1,000,000 lbs of spices traded. Additional pounds traded (above 1,000,000 pounds) are assessed at a rate of \$0.00105 per pound. For example, a company trading 5,200,000 pounds would be assessed \$7,410 in annual dues.

Spices are counted on a pound-for-pound basis. Garlic and onion is calculated at a 50% rate and oleoresins at a rate of 10 times. For example, 2,000,000 pounds of garlic and onion will be assessed as 1,000,000 pounds. 1,000 pounds of oleoresins will be assessed as 10,000 pounds.

Please note that for 2023-2024 dues will increase by 4%, and in 2024-2025 dues will increase by 3%.

BROKER/AGENTS

Dues for brokers are \$4,200 for the first income producer and \$1,050 for each additional income producer.

ASSOCIATE MEMBERS

Dues are \$2,200

Please note that Associate dues will increase to \$2,500 for the 2023-2024 fiscal year.

PAYMENT INFORMATION

Check Payment

Check Number _____ Check Amount \$ _____ Date _____

Credit Card Payment**

☐ VISA ☐ MasterCard ☐ American Express Total Amount to Charge \$ _____

Account Number _____ Expiration Date _____

Cardholder's Name _____ Phone _____

Signature _____

***I authorize ASTA to charge my credit card in the amount indicated above. I understand that ASTA reserves the right to charge the correct amount if totaled incorrectly. I understand that my billing statement will read "ASTA."*

