



Membership Application

QTAWA membership is available only to bona fide organizations that promote QTAWA research and support the growth and development of the QTAWA halal accreditation ; and to organizations with public policy positions and business practices that are generally consistent with QTAWA's reputation and its policies and principles in support of innovation, including intellectual property, as determined by the Membership Committee of the Full Board. QTAWA reserves the right to review applications for membership to confirm that the applicant meets these criteria for membership, and for the specified categories of membership as per QTAWA's bylaws. QTAWA may, in its sole discretion, reject an application for membership or elect not to renew a membership.

Company Information

Company Name

Headquarters Address

Address 2

City/State

Country/Postal Code

Phone

Company Web Site

Please submit company description with this application

Private Public Ticker
Symbol: _____

Latest Year-End Revenue (U.S.
Dollars)

Total Number of Worldwide
Employees

What are your primary reasons for joining
QTAWA?

(Check all that apply)

- Advocacy**
- Networking**
- Business Development Opportunities**

Primary Contact Information

Responsibilities include receipt of all official correspondence, payment of membership dues, designation of company personnel to serve on QTAWA committees and updates of company information.

Name & Credentials

Title

Phone

Email

Membership Categories (check one)

- Full Members**
- Stakeholders**
- Affiliate**
- Associate Member**

Note:

For membership Application please use
info @alhalal.org

QTAWA Member Statement of Support

I, _____, on behalf
of _____ (hereafter "Company"),
affirm that Company generally supports QTAWA's public policy
positions, and that the positions and business practices of Company
are generally consistent with QTAWA's reputation and its policies and
principles in support of innovation, including intellectual property.

Signature Date

Title

Company Contacts

Use the form below or attach a list. Use credentials where appropriate.

CEO/President - Name

Phone Email

CFO - Name

Phone Email

CMO - Name

Phone Email

Legal/IP Counsel - Name & Title

Phone Email

Business Development - Name & Title

Phone Email

IR/Communications - Name & Title

Phone Email

Payment Information

Dues Amount: \$ _____

Check Enclosed (Please make checks payable to QTAWA and
specify "Membership Dues" on the check.)

Invoice Requested (An invoice will be sent via email upon
approval of your membership application.)

Clinical/Regulatory Affairs - Name & Title

Phone Email

R&D - Name & Title

Phone Email

Government Affairs - Name & Title

Phone Email

Manufacturing - Name & Title

Phone Email

Purchasing Manager - Name & Title

Phone Email