



GENERIC ANIMAL DRUG ALLIANCE

GADA

MEMBERSHIP APPLICATION

Application Date: _____

Company Name: _____

Type of Company (*e.g., manufacturer, distributor, etc.*): _____

Mailing Address: _____

Street address (*if Post Office Box given above*):

Website URL: _____

*The company **President/CEO**, and a **Primary Representative**, as designated below, are each authorized to receive all GADA member benefits and communications, along with the President/CEO of the company. Please note: Quarterly member dues invoices are mailed to the attention of the Primary Representative; also, Voting Representatives, if applicable, will be designated separately, once your application is accepted.*

Company President and/or CEO:

Name: _____

Title: _____

Email: _____

Telephone: _____ **Fax:** _____

Generic Animal Drug Alliance Primary Representative:

Name: _____
Title: _____
Email: _____
Telephone: _____ **Fax:** _____

Applicants are invited to also include others in the company who should receive access to GADA membership benefits, including email and correspondence from GADA.

Additional Representatives:

Name: _____
Title: _____
Email: _____
Telephone: _____ **Fax:** _____

Name: _____
Title: _____
Email: _____
Telephone: _____ **Fax:** _____

The Generic Animal Drug Alliance Bylaws establish two kinds of membership, as follows:

Regular Members of the Alliance shall be manufacturers and/or distributors of generic animal health products that sponsor or are pursuing sponsorship of Abbreviated New Animal Drug Applications (ANADAs). Annual Membership Dues: \$10,000.00

Associate Members of the Alliance shall be engaged in any facet of the veterinary health industry other than sponsoring or pursuing Abbreviated New Animal Drug Applications (ANADAs) for generic animal health products. Associate members may obtain voting rights by paying the full Regular Member fee or by having their representative be elected to office. Annual Membership Dues: \$5,000.00

Category of Membership for which you are applying; please check all appropriate boxes:

☐ **Regular:** The applicant is a ☐ manufacturer and/or ☐ distributor of generic animal health products, and ☐ is sponsoring and/or ☐ pursuing sponsorship of ANADA(s) for generic animal health products.

☐ **Associate:** The applicant is ☐ not sponsoring, and ☐ not pursuing sponsorship of ANADA(s) for generic animal health products. The applicant ☐ is, or ☐ is not, obtaining voting rights by paying the full Regular member fee.

Applicants for membership are admitted into the Alliance by a majority vote of the entire Regular membership.

Please provide information about your company, e.g., date established; publicly or privately held; kinds of animal health products (i.e., type of products and species) manufactured and/or distributed, etc.:

Please mail or email completed membership form to:

**John H. Dixon, Executive Director
Generic Animal Drug Alliance
2331 Rock Spring Road, Forest Hill, MD 21050
info@gadaonline.org**

If you have any questions, feel free to call
John H. Dixon, Executive Director, at (443) 640-1046, ext. 1127
or
Bill Zollers, GADA Chair, at (913) 802-5056

2331 Rock Spring Road, Forest Hill, Maryland 21050
Phone (443) 640-1046 Fax (443) 640-1031 Email : info@gadaonline.org
www.gadaonline.org