



THE COCOA MERCHANTS' ASSOCIATION OF AMERICA, INC.  
55 EAST 52<sup>ND</sup> STREET - 40<sup>TH</sup> FLOOR  
NEW YORK, NY 10055

## APPLICATION AND INVOICE #2018999 FOR CMAA MEMBERSHIP

We, \_\_\_\_\_  
(Company Name)

hereby, apply for membership in The Cocoa Merchants' Association of America, Inc., ("CMAA "). We have read the By-Laws of The Cocoa Merchants' Association of America, Inc. and, if elected to membership, hereby agree to abide by all said By-Laws, as they may be duly amended from time to time.

### CATEGORY OF MEMBERSHIP DESIRED - CHECK APPLICABLE CATEGORY

- REGULAR, ANNUAL DUES FOR 2018: \$6,500.00** - Any person, partnership or corporation engaged or involved in the commercialization of physical cocoa beans and/or cocoa products in North America.
- ASSOCIATE TRADE, ANNUAL DUES FOR 2018: \$3,000.00** - Any person, partnership or corporation engaged or involved in the commercialization of physical cocoa beans and/or cocoa products outside North America or any person, partnership or corporation engaged or involved in procurement and or usage of cocoa products.
- ASSOCIATE, ANNUAL DUES FOR 2018: \$1,500.00** - Any person, partnership or corporation engaged or involved in the commercialization of physical cocoa beans and/or cocoa products but have never at any time had beneficial ownership of the underlying commodity.

### APPLICATION WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED - NO EXCEPTIONS

Every application for election so voted on by the Board may be accepted or rejected at the Board's sole discretion, and every decision of the Board on the question of eligibility of any applicant for membership shall be final and conclusive, and the Board shall not be required to give any reasons for such decision.

These dues will be refunded promptly if the applicant fails to be elected within a reasonable time or if application is withdrawn before approval.

**PAYMENT OPTIONS**

\_\_\_\_\_ **PAYMENT BY CHECK** (Your check in U.S. Dollars must be made payable to the order of The Cocoa Merchants' Association of America, Inc., by a bank in the U.S. clearing through the Federal Reserve System). **Please mail your check using the full address on this application/invoice.**

\_\_\_\_\_ **PAYMENT BY CREDIT CARD** (A 5% processing fee will be applied to all credit card payments).

Please charge the following credit card: \_\_\_\_\_AmEx \_\_\_\_\_MasterCard \_\_\_\_\_Visa

CREDIT CARD # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

\_\_\_\_\_ **PAYMENT BY WIRE TRANSFER** (A \$25.00 processing fee for wire transfers must be added to the invoice total). **Please use the CMAA NEW MEMBERSHIP INVOICE # 2018999 as your reference so that payment is applied to the appropriate invoice.** JPMorgan Chase Bank N.A., New York, NY 10017 A/C# 13-4104. ABA # 021000021 – SWIFT CODE - CHASUS33.

**Total for Wire Transfers:** \_\_\_\_\_ + \$25.00 = \_\_\_\_\_  
Amount Total Date of Transfer

**APPLICANT - COMPANY INFORMATION**

FULL COMPANY NAME:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STREET ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

NATURE OF BUSINESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICERS/PARTNERS (INCLUDE NAMES/TITLES AND EMAIL ADDRESSES)

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ESTABLISHED: \_\_\_\_\_

CURRENT/PAST ASSOCIATION MEMBERSHIPS:

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**DESIGNATED EMPLOYEE (MAIN CONTACT) INFORMATION**

NAME OF DESIGNATED EMPLOYEE/TITLE:

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PHONE: \_\_\_\_\_

EMAIL

ADDRESS: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM ABOVE:

STREET ADDRESS:

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CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

**SIGNATURE OF APPLICANT**

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NAME

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TITLE

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COMPANY

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DATE

*TWO SPONSORS THAT ARE CURRENT CMAA MEMBERS IN GOOD STANDING WITH THE CMAA IS REQUIRED. AT LEAST ONE MUST BE A CURRENT REGULAR MEMBER.*

*ORIGINAL SIGNATURES ARE REQUIRED.*

**SPONSOR INFORMATION**

FULL COMPANY NAME:

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STREET ADDRESS:

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CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_

SPONSOR'S REMARKS ABOUT THE APPLICANT:

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**SIGNATURE OF SPONSOR**

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**COMPANY**

\_\_\_\_\_  
**DATE**

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*ORIGINAL SIGNATURES ARE REQUIRED.*

**SPONSOR INFORMATION**

FULL COMPANY NAME:

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STREET ADDRESS:

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CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_

SPONSOR'S REMARKS ABOUT THE APPLICANT:

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**SIGNATURE OF SPONSOR**

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**COMPANY**

\_\_\_\_\_  
**DATE**