



## APPLICATION AND INVOICE #2022999 FOR CMAA MEMBERSHIP 2022

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 2022: \$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 2022: \$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 2022: \$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These dues will be refunded promptly if the applicant fails to be elected within a reasonable time or if application is withdrawn before approval.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 - AN INVOICE WILL BE SENT FOR PAYMENT TO BE MADE BY ACH OR BY CREDIT CARD.**

**APPLICANT - COMPANY INFORMATION**

FULL COMPANY NAME:

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STREET ADDRESS:

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CITY:

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

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

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

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

NATURE OF BUSINESS:

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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:

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

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

EMAIL

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

MAILING ADDRESS IF DIFFERENT FROM ABOVE:

STREET ADDRESS:

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

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

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

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

**SIGNATURE OF APPLICANT**

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

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

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

\_\_\_\_\_  
**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**