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dues will be refunded promptly if the applicant fails to be elected within a reasonable time or if application is withdrawn before approval.

SEND COMPLETED APPLICATION AND PAYMENT TO
CMAA c/o New York Stock Exchange
11 Wall Street - 14th Fl
New York, NY 10005
Attention: Lori Trimarchi
Questions? CMAA@cocoamerchants.com
PAYMENT OPTIONS - AN INVOICE WILL BE SENT FOR PAYMENT TO BE MADE BY ACH OR BY CREDIT CARD.

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)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

ESTABLISHED:__________________________________________________________________

CURRENT/PAST ASSOCIATION MEMBERSHIPS:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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

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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:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

STREET ADDRESS:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CITY: __________________________________

STATE: ____________________________  ZIP: ____________________________

COUNTRY: __________________________

PHONE: ____________________________

SPONSOR’S REMARKS ABOUT THE APPLICANT:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SIGNATURE OF SPONSOR

_____________________________________ ____________________________________
NAME       TITLE

_____________________________________ ____________________________________
COMPANY      DATE
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STATE:_________________________________ ZIP: ________________________________

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SIGNATURE OF SPONSOR

_____________________________________ ____________________________________
NAME       TITLE

_____________________________________ ____________________________________
COMPANY      DATE