APPLICATION AND INVOICE #2020999
FOR CMAA MEMBERSHIP 2020

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 2020: $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 2020: $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 2020: $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These dues will be refunded promptly if the applicant fails to be elected within a reasonable time or if application is withdrawn before approval.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: ____________________

APPLICANT - COMPANY INFORMATION

FULL COMPANY NAME:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

STREET ADDRESS:
__________________________________________________________________________
__________________________________________________________________________

CITY:______________________________________________________________________
STATE: __________________________________ ZIP: ____________________________
COUNTRY:_________________________________________________________________
PHONE: __________________________________________________________________
WEBSITE: _____________________________________________________________

NATURE OF BUSINESS:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

OFFICERS/PARTNERS (INCLUDLE 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
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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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