



ASSOCIATE MEMBERSHIP APPLICATION

45 Broadway – Suite 1140
New York, New York 10006
Attention: Doreen Madigan, Corporate Secretary
Phone: (212) 766-5854 Fax: (212) 766-5815

We hereby apply for Associate Membership in **The Green Coffee Association, Inc.**, ("**The Association**") agreeing to pay the required Annual Dues and to conform to and be bound by the provisions of the By-Laws of said Association, insofar as they apply to Associate Members – said Associate Members to confer the benefits and privileges of the Association accorded to Associate Members.

APPLICANT INFORMATION:

FULL COMPANY NAME: _____ ESTABLISHED: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
NAME OF DESIGNATED EMPLOYEE/TITLE: _____
PHONE: _____ FAX: _____ EMAIL ADDRESS: _____
WEBSITE: _____ NATURE OF BUSINESS: _____
OFFICERS/PARTNERS: _____

BANK REFERENCE:

NAME OF BANK: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
OFFICIAL SIGNATURE _____ DATE: _____
PRINT NAME AND TITLE: _____
PHONE: _____ FAX: _____

NOTE: No Application for Associate Membership may be proposed or seconded by and Associate Member. Application for Associate Membership must be proposed and seconded only by Active Full Members, neither of whom may be represented on the Membership Committee.

PROPOSED BY:

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
OFFICIAL SIGNATURE _____ DATE: _____
PRINT NAME AND TITLE: _____
PHONE: _____ FAX: _____
REMARKS: _____

SECONDED BY:

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
OFFICIAL SIGNATURE _____ DATE: _____
PRINT NAME AND TITLE: _____
PHONE: _____ FAX: _____
REMARKS: _____

CURRENT/PAST TRADE ASSOCIATION MEMBERSHIPS: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____