



FULL 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 Full 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 Full Members – said Full Members to confer the benefits and privileges of the Association accorded to Full Members.

PLEASE TYPE ALL INFORMATION

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: Application for Full 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: _____