

Application For Membership

Trade Name of Business:

Please type or print

Address of Principal Place of Business:

Tel.

Fax.

Web Site

Type of Organization:

Sole Proprietorship Partnership Corporation Other (Specify)

Primary Business:

Manufacture Import/Export Wholesale Retail Other (Specify) _____

Principal Products:

Number of Employees:

Type of Membership Applied:

Voting-\$50 per year Sponsor-\$300 per year Media-\$50 per year
(Director-\$300 per year)

Please refer to previous page for description of various type of membership. Do not send payment now. Invoice will be sent upon approval of membership. All fees are non-refundable and subject to tax. Membership fee is subject to change.

Applicant Authorized Individual:

Name: _____ Signature: _____

Title: _____ Email: _____ Date: _____

Recommended by:

Name	Company	Signature	Director/Member
_____	_____	_____	_____
_____	_____	_____	_____

Please note that you need to be recommended by either one CCCA director or two CCCA members.

Membership list available on web site: www.theccca.com