



# 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: \_\_\_\_\_