

PACIFIC COAST COFFEE ASSOCIATION

1350 Arnold Drive, Suite 106

Martinez, CA 94553

925-858-2257 Fax 240-331-3236

Application for Membership

Company _____

Address _____ *

City _____, State & Zip _____ *

Official Representative * _____ *please fill this out

E-mail _____ * Fax# _____ *

Telephone# _____ Website _____ *

* Please Select the Appropriate Class and Annual Dues Amount Below

2016 Membership Dues: January 1, 2016 - December 31, 2016

*** Membership Classification : By Gross Annual Sales***

Class D = Honorary Membership Annual Dues \$0

Class C = \$0 to \$2,500,000 Annual Dues \$395

Class B = \$2,500,001 to \$5,000,000 Annual Dues \$595

Class A = Over \$5,000,000 Annual Dues \$795

*There is a one time application fee of \$100.00 Please add to your total due. Thank You!

* Please Specify Your Industry Segment Below (i.e. Roaster,Importer etc.)

Importer Roaster Please select all that apply!

Broker Retailer

Producer Allied: Specify: _____

Exporter Other: Specify: _____

An Application for membership must be signed by the applicant. Please also include a brief description of your company and your membership representative's coffee background for review by the PCCA Board of Directors. This description will also be published in our PCCA Newsletter in the "New Members Profile" section. Thank You!

The application shall be filed with the Secretary, who will advise the Board and the Membership, and if within 30 days a majority of either the Directors or the Membership fail to register a negative vote, the application WILL be considered accepted.

The undersigned hereby applies for MEMBERSHIP in the Pacific Coast Coffee Association and, if accepted, agrees to abide by the Articles of Association and By-Laws.

Membership Application authorized by* _____

Signature and Title

An Application for Membership must be signed by the applicant who shall be sponsored by two members in good standing with the Association (names of sponsors needed only) *

1. _____ 2. _____

Date _____

PAYMENT INFORMATION:

_____ Check will be mailed _____ American Express _____ MasterCard _____ Visa

\$ Amount _____ Account# _____ Exp _____

Name on card _____ Amount Enclosed \$ _____

The PCCA: Encouraging Growth and Prosperity in the Coffee Business