



APPLICATION FOR MEMBERSHIP

Company: *(Legal Name)* _____

D.B.A.: *(If Applicable)* _____

Contact Name: _____

Mailing Address: _____

Physical Address: _____

Telephone: _____

Fax: _____

Web Site: _____

Email: _____

Date Established: _____

Organized as: Proprietorship Partnership Corporation Other: _____

Name(s) of Officer(s) or Principal(s): _____

Is your business engaged in sales and exporting of Dried Fruits, Tree Nuts, or Kindred Products? _____

If you answered "Yes", please list your top three commodities:

Where is the location of your principal office? _____

Please give a brief description of your company: _____

If accepted as a Specialty Crop Trade Council member, we hereby agree to all conditions of membership as specified in the Specialty Crop Trade Council bylaws and code of ethics.

Authorized Signature: _____

Print Name & Title: _____

Date: _____

Please mail application with initiation fee payment of \$500 to 710 Striker Avenue, Sacramento, CA 95834