

STI membership application



Name: _____ **New Member** **Returning Member**
 Title: _____
 Company: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Telephone: _____ Fax: _____
 Email: _____
 Website: _____
 The following best describes our business: _____

I am applying for: *(please check one category)*

- Tea Importer/Broker/Wholesaler
- Tea Retailer/Restaurant/Foodservice/OCS Operators
- Allied/Service/Distribution Companies
- Specialty Tea Growers
- Producing Country Associations
- Individual Members
- Governmental and Non-Governmental Organizations
- Founding/Charter Members of STI

In utilizing the attached dues schedule, I certify that my *(our)* annual dues should be \$ _____.

Total Payment:	US \$	Payment Type:	<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Wire Transfer
If paying by credit card, please provide the following information:					
Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX		
Name as Printed on Card:					
Credit Card #:		Exp Date:	Month	Year	
CVV Number:	Enter the 3 to 4 digit code located on the back signature strip of your credit card. For AMEX, the CVV number is located on the front right, above card number.				

Make checks for the amount **payable to the Tea Association of the USA.**
(Foreign registrants must obtain a draft in U.S. dollars, drawn on a U.S. bank).

Applicant's Signature _____
Date

I do not wish to join STI at this time, but please keep my name on your mailing list for future notification of seminars and other special events.

Initial and Date

Return the completed form to:
 Tea Association of the U.S.A., Inc.
 362 5th Ave, Suite 801
 New York, NY 10001

P: 212-986-0250 / F: 212-697-8658 New York, NY
 www.teausa.org