



cMEMBER APPLICATION

SPECIALTY COFFEE ASSOCIATION OF AMERICA

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330 GOLDEN SHORE SUITE 50 LONG BEACH, CA 90802

TEL 562 624 4100 FAX 562 624 4101

URL WWW.SCAA.ORG EMAIL CMEMBER@SCAA.ORG

Complete application and return by fax or mail to the address above.

NAME

ONLINE NICKNAME (IF ANY)

ADDRESS

INCLUDE COUNTRY

PRIMARY EMAIL ADDRESS

ALTERNATIVE EMAIL

PHONE

FAX

URL

PRIVACY PARAMETERS: Please check the box next to the information above that you will permit SCAA to publish in the cMember Directory and/or share with professional members of the association who would like to send you information about products and discounts.

CHOOSE ONE:

BASIC cMEMBER - \$18/yr, includes:

- Monthly e-newsletter: the official source for specialty coffee information
- 10% discount on SCAA Shop products
- Increased access to website community features (does not include event chats)
- SCAA Credential Card
- Special discounts from member companies

PREMIUM cMEMBER - \$45/yr, includes basic benefits, plus:

- Full Member discount on SCAA Shop products
- "Basics of Cupping" booklet
- Flavor wheel mouse pad
- Access to "coffee celebrity" charts
- Access to the Green Sample Store
- Discounts on the SCAA annual conference
- Mailing list

Send me information on joining the "Content Corp.," where I can earn a discount on membership by assisting SCAA with website and newsletter content.

OPTIONAL INFORMATION:

I roast coffee at home, using the following equipment: _____

Some of my favorite coffees and coffeehouses are (please use the back of this sheet): _____

My preferred method(s) of brewing coffee and favorite equipment (please use the back of this sheet): _____

FOR OFFICE USE ONLY

RECEIVED:

cMEMBER NUMBER:

RENEWAL ANNIVERSARY:

METHOD OF PAYMENT (circle one): Check Enclosed Visa MasterCard AmEx

Card # _____

Exp. Date _____

Name on Card (please print) _____

Signature _____