

# STI membership application



Specialty Tea  
Institute

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)*

- |   |   |
|---|---|
| <input type="radio"/> Tea Importer/Broker/Wholesaler                    | <input type="radio"/> Producing Country Associations                  |
| <input type="radio"/> Tea Retailer/Restaurant/Foodservice/OCS Operators | <input type="radio"/> Individual Members                              |
| <input type="radio"/> Allied/Service/Distribution Companies             | <input type="radio"/> Governmental and Non-Governmental Organizations |
| <input type="radio"/> Specialty Tea Growers                             | <input type="radio"/> 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 5<sup>th</sup> Ave, Suite 801  
New York, NY 10001

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