



Name:						☐ New Member☐ Returning Member				
Title:										
Company:										
Street Address:										
City:							C	ountry:		
Telephone:				Fa	ıx:					
Email:										
Website:										
The following b	est describ	bes our b	usiness:							
I am applying f	or: (please	check or	ne category)							
O Tea Importer/Broker/Wholesaler					0	Prod	ucing Coun	try Associa	ations	
O Tea Retailer/Restaurant/Foodservice/OCS					0	Individual Members				
Operators					0					
O Allied/Service/Distribution CompaniesO Specialty Tea Growers					_	Organizations Founding/Charter Members of STI				
O Specialty	7 Tea Grow	ers			O	Four	iding/Charte	er Member	S 01 S11	
In utilizing the	attached d	ues sched	ule, I certify t	that my	(our) a	annua	l dues shou	ıld be \$ _		
Total Payment:	US\$		Payment Type	:	Check E	Enclose	ed Cred	lit Card	Wire Tr	ansfer
If paying by credit	card, please	_	e following info	rmation:						
Credit Card Type: Name as Printed or	Card:	Visa			Maste	erCard			AMEX	
	T Cara.									
Credit Card #:							Exp Date:	Month	Year	
CVV Number:			3 to 4 digit cod							_1
		AMEX,	the CVV numbe	r is locat	ed on the	e front	right, above	card numbe	er.	
Make checks fo (Foreign registr).		
Applicant's Signature					-	-		Date	ę	
I do not wish to mailing list for	-		_			-				
						Initial and Date				
Return the comp Tea Association of 362 5 th Avg. Suit	of the U.S.A				D. 212	006	0250 / Et 21	2 607 965	9 Naw Varl	NV

362 5th Ave, Suite 1002 New York, NY 10001