

CIGAR ASSOCIATION OF AMERICA, INC.

1100 G Street, N.W., Suite 1050, Washington, DC 20005

(202) 223-8204 · Fax: (202) 833-0379

APPLICATION FOR MEMBERSHIP

The company or person listed below wishes to join Cigar Association of America, Inc. (“CAA”) as a Member. If this Application is accepted by the CAA Board of Directors, the Applicant and its representatives agree to be bound by the CAA Bylaws (copy attached), all applicable membership requirements (including payment of dues and other assessments and confidential certification of sales and/or purchases of product) and all actions of the Board of Directors of CAA.

1. Name of Applicant: _____

Address: _____

Telephone Number: _____

Email: _____

Website: _____

2. Please identify the tobacco products manufactured, distributed, imported or sold in other than a face-to-face transaction (mail order) by the Applicant:

___ large cigars

___ small cigars

___ cigarettes

___ electronic cigarettes

___ pipe tobacco

___ wraps/blunt wraps

___ smokeless

___ other (Identify: _____)

3. (a) CAA has the following categories of membership: Manufacturer Member, Distributor Member, Importer Member, Mail Order Member, Tobacco Supplier Member and Other Supplier Member. The category of membership in CAA available to Applicant will be determined by Applicant’s participation in the cigar industry. In the event Applicant qualifies for more than one category of membership, Applicant shall become a Member of the membership category first listed in this Section 3(a). For example, if an Applicant qualifies for both the Tobacco Supplier and Distributor categories, it shall become a Member of only the

Distributor category. Please identify below the Applicant's involvement with cigars. Please mark all that apply.

___ Manufacturer (manufacture of cigars that are intended to be sold in the United States).

___ Distributor (distribution of cigars in the United States).

___ Importer (imports cigars into the United States).

___ Mail Order Supplier (sells cigars to residents of the United States other than in a face-to-face transaction).

___ Tobacco Supplier (supplies tobacco to a cigar manufacturer whose cigars are sold in the United States).

___ Other Supplier (sells goods (other than tobacco) and/or services to any person or firm that qualifies as a Manufacturer, Distributor, Importer, Tobacco Supplier or Mail Order Supplier).

(b) Where are your factories located? _____

(c) What is your TP number? _____

(d) If you have more than one factory, give the location of each and the TP number of each factory _____

(e) When did you commence business in the cigar industry? _____

(f) Set forth the names of your principal brands, if applicable _____

4. Please answer the following questions if Applicant manufactures cigars:

Manufacture within U.S. ___ Outside U.S. ___ Both ___

5. Who will be the Applicant's chief contact with the Cigar Association of America?

Name: _____ Title: _____

Address: _____

City: _____ State _____ Zip code: _____

Telephone: _____ Fax No.: _____

Email Address: _____

CERTIFICATION

The undersigned Applicant does hereby:

- (1) APPLY for membership in the CIGAR ASSOCIATION OF AMERICA, INC.:
- (2) PLEDGE and obligate himself/itself:
 - (a) to faithfully observe and perform all the provisions of the Bylaws of the Association and all rules and regulations lawfully made and adopted from time-to-time by the Association or its Board of Directors, and
 - (b) to pay all dues and assessments that may be levied or imposed upon the Members in accordance with and pursuant to the provisions of said Bylaws; and
- (3) CERTIFIES that the information set forth in this Application is accurate and true.

Applicant: _____

By: _____
(Signature)

Print Name: _____

Print Title: _____

Date: _____