

APPLICATION FOR ASSOCIATE MEMBERSHIP

We (I) respectfully apply for membership in your organization. If elected, we (I) agree to conform to the By-Laws and rules of the Association.

FIRM: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____

EMAIL: _____

WEBSITE: _____

1. The application firm is (1) A Corporation, or (2) a Partnership, Or (3) a Sole Proprietorship: _____

A. List the Principles in this business:

1. _____
2. _____
3. _____
4. _____

2. This firm is incorporated under the laws of the state of _____ and has been in business since _____

3. Is your firm significantly involved in the retailing of cultured pearls?

4. Are you listed in the current issue of the Jewelers Board of Trade Red Book? YES _____ JBT Membership # NO _____

5. Please list the members of the Cultured Pearl Association you do business with? _____

6.. List the names of the individuals entitled to represent your firm at meetings of the association and please include their email address.

1. _____
2. _____
3. _____
4. _____

Annual dues are \$500.00 Please submit a check in this amount, made payable to the Cultured Pearl Association of America, Inc., with your application. Upon acceptance of your membership, your dues will be prorated, depending of the date of your acceptance.

Date: _____ Firm name: _____

Signed by: _____ Title: _____

Submit this application to: The Cultured Pearl Association of America, Inc.
789 Waterman Avenue, Suite One
East Providence, RI 02914

November, 2008