

# Cooperative Coffees – New Member Application Form

Please attach additional sheets if needed

1. Full Name of Business: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

2. What is the legal standing of your business?

For-profit corporation       Nonprofit Corporation       Partnership

Sole Proprietorship       Cooperative       Other (please explain)

3. What is the mission of your business? \_\_\_\_\_

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4. What is the decision making process in your business and who is involved in it?

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5. How long have you been in business? \_\_\_\_\_

6. How did you first become involved in fair trade? \_\_\_\_\_

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7. Why do you want to be a member of Cooperative Coffees - What are your expectations of CC, and what do you think your company can contribute? \_\_\_\_\_

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8. In what way is your company different from conventional coffee companies?

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9. Approximately how many lbs of roasted coffee did you sell during the last 12 months?

Fair Trade \_\_\_\_\_ Conventional \_\_\_\_\_

10. Do you sell other fairly traded products? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list the items and explain how they are sourced. \_\_\_\_\_

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11. Are you interested in selling other fairly traded products? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what products would you be interested in? \_\_\_\_\_

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12. What other products do you sell?

Retail \_\_\_\_\_ Wholesale \_\_\_\_\_

13. Have you ever visited a coffee producer organization? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Are you interested in participating in Cooperative Coffees' annual producer trip?

Yes \_\_\_\_\_ No \_\_\_\_\_

15. Is your business involved in other local or international non-profits, community groups or social justice organizations for the purposes of consumer education, awareness raising, campaigning or political advocacy? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please elaborate:

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Approx. Percentage Breakdown of your annual sales volume (should total 100%):

Roasted Coffee \_\_\_\_\_ Brewed Coffee \_\_\_\_\_ Food/Other Beverages \_\_\_\_\_  
Merchandise \_\_\_\_\_ Other \_\_\_\_\_