



CLEVELAND CHEMICAL ASSOCIATION

Application for _____ **New Membership** or _____ **Membership Renewal**
(select one)

NAME _____ TITLE _____
PLEASE PRINT OR TYPE

COMPANY NAME _____ () _____
PHONE NO.

_____ () _____
FAX NO.

_____ STREET _____

_____ CITY _____ STATE & ZIP _____ E-MAIL ADDRESS

_____ HOME MAILING ADDRESS (If different from above.) _____
(required)

_____ STREET _____ PHONE NO. _____

_____ CITY _____ STATE & ZIP _____ FAX NO. _____

_____ PHONE NO. _____

_____ CITY _____ STATE & ZIP _____ FAX NO. _____

_____ FAX NO. _____

Type of Business _____ Length of Time in Chemical Industry _____ years

For Roster Listing Use (Please check the address you prefer published in the directory) _____ Home Mailing Address _____ Business Address

I would be interested in serving on the following committee(s):

_____ Arrangements/Programs _____ Holiday Luncheon _____ Community Relations
_____ Golf _____ Membership _____ Social

MEMBER COMPANY PROFILE

We will be including some additional information about your company in our membership directory. We are doing this as a service to our members. Both as an opportunity for you to further educate our membership about your company, and also to provide you with additional information about our member companies. ALL OF THIS INFORMATION IS VOLUNTARY. If you are a privately held company and do not wish to disclose this information, please check "Privately Held" below and this designation will appear below your company name. If you are privately held and do disclose this information, both the designation and information will appear below your company name.

BASIC BUSINESS: (Check all that apply)

- _____ Organic Chemical Manufacturer, Cleveland manufacturing site
- _____ Organic Chemical Manufacturer, Non-Cleveland manufacturing site
- _____ Inorganic Chemical Manufacturer, Cleveland manufacturing site
- _____ Inorganic Chemical Manufacturer, Non-Cleveland manufacturing site
- _____ Chemical Distribution
- _____ Chemical Packaging Manufacturer
- _____ Other

COMPANY SIZE: Number of Employees: _____ 1-20 _____ 20-100 _____ 100-500 _____ >500
Annual Sales: _____ \$0-5 Million _____ \$5-100 Million _____ \$100-999 Million _____ >\$1 Billion
PRIVATELY HELD _____

NEW MEMBERS ONLY: Applicant Proposed & Recommended by current CCA member:

Name _____ Name _____
Company _____ Company _____
Phone () _____ Phone () _____

Office Use Only:

Date Rec'd: _____
Check No.: _____
Amt Rec'd: _____

PLEASE MAIL THIS FORM WITH YOUR CHECK FOR \$75.00 (HONORARY MEMBERS – Complimentary)
PAYABLE TO: CLEVELAND CHEMICAL ASSOCIATION
DUES COVER FISCAL YEAR JULY 1ST TO JUNE 30TH

FOR CREDIT CARD PAYMENT, PLEASE PROVIDE THE FOLLOWING:

Credit Card # _____ Expiration Mo/Yr _____ Billing Zip Code _____

CCA • Phone: 440-572-3133 • FAX 888-242-0450
NEW Address : 13340 Spruce Run Dr., Suite #103, North Royalton, OH 44133
EMAIL: ccahogan@yahoo.com