

ANNUAL MEMBERSHIP APPLICATION

330 Golden Shore, Suite 50, Long Beach, California 90802
TEL: 562-624-4100 FAX: 562-624-4101
www.roastersguild.org

PART I. – MEMBERSHIP ELIGIBILITY REQUIREMENTS

Please initial next to each requirement

_____ INDIVIDUAL MUST HAVE A PASSION FOR COFFEE

_____ INDIVIDUAL WISHES TO EXCEL AT THE CRAFT OF ROASTING

_____ ROASTING MUST BE AN INTEGRAL PART OF YOUR PROFESSION
(Please check all boxes that apply)

- I supervise and train people whose job description includes roasting as a principal activity.
- I roast coffee regularly as an equipment testing or calibration function.
- I regularly operate a sample roaster.
- I regularly operate a production roaster.

PART II. – CONTACT INFORMATION & ROASTING EXPERIENCE

APPLICANTS NAME: _____ TITLE: _____

COMPANY NAME: _____

TEL: _____ FAX: _____ EMAIL: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

PRIMARY JOB RESPONSIBILITIES: _____

ROASTING EXPERIENCE (TIME, DESCRIPTION): _____

ROASTING EQUIPMENT USED: _____

PART III. – REFERENCE INFORMATION

Each applicant must provide THREE references in order to be considered for membership. The references must include:

- Two references MUST be from SCAA Members, one of which is also a member in good standing of the Roasters Guild. If you do not know any SCAA Members, please email RGreferences@scaa.org for a reference.
- One reference MUST be an employer reference.

Please list references below:

NAME: _____ COMPANY: _____ PHONE: _____

NAME: _____ COMPANY: _____ PHONE: _____

NAME: _____ COMPANY: _____ PHONE: _____

PART IV. – AUTHORIZATION & CERTIFICATION OF TRUTH STATEMENT

Please read the following and sign & date below:

By signing this application, I give permission to the Roasters Guild Executive Council and SCAA Staff to contact my employer and references in conjunction with my application for membership.

I affirm that the information I have provided on this application form is complete, accurate, and true to the best of my knowledge.

APPLICANTS SIGNATURE: _____ **DATE:** _____

- Allow 5-7 business days for member processing.
- Applicant will receive an email confirmation after membership has been processed,
- Applicant will receive their New Member Packet within two weeks of membership being granted.

PART V. – PAYMENT INFORMATION

ANNUAL ROASTERS GUILD MEMBERSHIP DUES

Complete this application and fax with credit card information to 562-624-4101 or mail with check to SCAA, 330 Golden Shore, Suite 50, Long Beach, CA 90802. One application form per person, please make copies if necessary. Please make payment in the amount of \$225 per applicant, less applicable SCAA discount.

SCAA MEMBER: YES NO SCAA MEMBER #: _____

SELECT APPROPRIATE FEE:

- SCAA Members: \$100.00
- Non-SCAA Members: \$225.00

SELECT PAYMENT METHOD

(Mark One)

- CHECK (PAYABLE TO SCAA) MASTERCARD
- VISA AMERICAN EXPRESS
- DISCOVER OTHER _____

CREDIT CARD NUMBER: _____ CCV# _____

CARDHOLDER NAME: _____ EXP. DATE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

FOR INTERNAL USE ONLY

RG MEMBER #: _____

START DATE: _____

END DATE: _____