

CAHPA
P.O. Box 682,
Woonsocket, RI 02895
info@cahpa.com



CAHPA...providing you a forum
to address and influence interests unique
to established adult home party business
owners and to promote and maintain
ethical standards in the industry.

Certified Adult Home Party Association Affiliate Membership Application

Please complete and sign your application, enclose your prepaid dues/check,
and mail along with your collateral materials to CAHPA.

Company Contact Information

Company Name: _____
Street Address: _____
Mailing Address: _____
City/State/Zip: _____
Phone: (____) _____ Fax: (____) _____ Website: _____

Contact Person For CAHPA To Communicate With:

Name: _____
Title: _____
Phone : _____
Email: _____

Who referred you to CAHPA? _____

Please provide a description of the nature of your business and or service. _____

Please check the appropriate category your business would fall under: Please check one
 Wholesaler Manufacturer Service Provider

What type of products and services do you offer?

Products (Please describe in detail)
 Sales Aids/Display Items
 Technology/Communication
 Awards /Incentives
 Financial
 Other / Description: _____

Please let us know how you would like your listing/ad to read:

Gross Annual Sales (wholesale): Under 5 Million Over 10 Million Over 20 Million

Do you warehouse/inventory products? Yes No

Warehouse Facility Square Footage: _____

Do you carry liability insurance? Yes No Name of Insurer: _____

Do you currently own or operate a direct sales organization? Yes No

If "yes" please provide details:

Do you have an established policy for selling directly to party plan companies, retail stores, mail order companies, and/or individual customers? Yes No

If so, please provide details:

Do you currently utilize another method of distribution other than selling directly to an established company?

Yes No If so, please provide details:

Code Affirmation

We are aware of and agree to meet our company's obligations under the CAHPA code of Ethics and understand that our obligations of this code begins when this signed, completed application is received and accepted by CAHPA.

We designate the following individual as our firm's Code Responsibility Officer:

Name: _____ Title: _____ Email: _____

He/She is familiar with our Code responsibilities and will assure company cooperation with the Code Administrator in the event of a Code complaint.

Membership Dues

Dues: \$1500 annual, with a January renewal each year. Also, please submit a Press Packet or Informational Packet on your Company, along with a completed/signed application, and check payable to

CAHPA, PO Box 682, Woonsocket, RI 02895

Application Authorization

We agree to be subject to all rights, privileges and obligations of CAHPA's membership and any codes of conduct approved and adopted by the association.

Signature of corporate officer: _____ Date: _____

Name: _____ Title: _____

INFORMATION REPORTED ON THIS FORM WILL BE HELD CONFIDENTIAL. FALSE OR FRAUDULENT ANSWERS TO ANY TO THE QUESTIONS, OR DOCUMENTS SUPPLIED SHALL BE CONSIDERED AS GROUNDS FOR REJECTION OF THE APPLICATION, OR EXPULSION FROM MEMBERSHIP ONCE ADMITTED. .

Contributions, gifts, or dues to CAHPA are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.