

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 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: _____

Corporate Personnel

Name: _____
Title: _____
Email: _____

Other Principal Officers

Name: _____
Title: _____
Email: _____

CAHPA Executive Contact:

(Primary President or CEO contact between CAHPA and Company)

Name: _____
Title: _____
Email: _____

Name: _____
Title: _____
Email: _____

Company Demographics:

Does your company currently have U.S. operations and a sales force? Yes _____ No _____

Date company founded (mm/yyyy): _____

Date direct selling began (mm/yyyy): _____

Primary sales approach: Please check

Individual (person-to-person) _____ Party Plan (group demos, classes, etc.) _____ Both _____

Compensation structure: Multilevel _____ Single Level _____

Number of salespeople: Please check

Under 1000 _____ 1000 - 2000 _____ 2000 - 5000 _____ 5000 - 10,000 _____ Over 10,000 _____

US: _____ International: _____

Number of employees: Under 25 _____ 25 - 50 _____ Over 50 _____

US: _____ International: _____

Gross Annual Sales (retail):

Under 1 Million _____ Over 1 Million _____ 5 Million _____ 5-10 Million _____

10-20 Million _____ 20-50 Million _____ Over 50 Million _____

Do you warehouse/inventory products? Yes _____ No _____

Warehouse Facility Square Footage: _____

Products marketed (in order of quantity):

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

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.

CAHPA Membership Sponsored By:

Name: _____

Company: _____

Membership Dues:

Please submit a packet of all printed material available to your Independent Contractors. Also please submit a Press Packet or Informational Packet on your Company.

Dues: \$1500 annual, with a January renewal each year.

Mail your collateral materials, completed/signed application; 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.