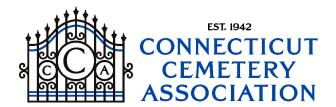
769 Ella T. Grasso Boulevard New Haven, CT 06519 Tel: 203-376-2275



Supplier Membership Application 2025

Name of Contact	Т	Title Business Website Address		
Name of Business	В			
Physical Street Address of Business	City or Town	State	Zip Code	
Mailing Address, if different	City or Town	State	Zip Code	
Phone Number	Email address			
CCA SUPPLIER MEMBERSHIP: C	COST \$125 (CCA ONLY I	NO VOTING RIGHT	re)	
BRIEFLY DESCRIBE TYPE OF PRODUCT	re Phonucte Represente	D OR SERVICE PRO	OVIDED:	
BRIEFET BESCRIBE TIFE OF I RODOCT	13, I RODUCIS REFRESENTE	D, OR OLKVICE I K	JVIDED.	
Checks should be payable to: Conn Completed application and check sh				

Payment is due before the 2025 Supplier's Expo on March 27th.

For questions, contact Bill Raffone, President at 203-376-2275 or email at braffone@ccacem.org.

It is understood and agreed that membership in CCA is conditioned upon adherence to the CCA Constitution, Bylaws, and Code of Professional Conduct. Violations of any of these may result in disciplinary measures imposed by CCA including, but not limited to, expulsion from membership.