

CANNABIZ IL

Cannabis Business
Association of Illinois

ASSOCIATE MEMBER APPLICATION

ASSOCIATE MEMBERSHIP \$2,500

BUSINESS CATEGORY

ANALYTICAL LAB	CANNABIS ACCESSORIES	SECURITY
CULTIVATION EQUIPMENT	DISPENSARY SUPPLIES	SOFTWARE
CULTIVATION SUPPLIES	FINANCIAL SERVICES	ADVOCACY
LEGAL SERVICES	INSURANCE	MEDICAL
PACKAGING	OTHER (DESCRIBE):	

Why would you like to join CBAI?

COMPANY INFORMATION

Name of company:		Website:	
Address:	City	State:	Zip Code
Phone:	Fax:	Year Company was started:	
Is your company registered to do business in Illinois? Yes No			

COMPANY REPRESENTATIVE

Name:	Title:	
Phone:	E-mail:	Fax:

PRODUCT INFORMATION

Product name:
Product description:

Please attach additional information to the application form, if you wish to provide additional information.

SIGNATURES

The applicant acknowledges that this application is subject to the approval of a supermajority of the CBAI Board of Directors ("Board") and further acknowledges that a supermajority of the Board may suspend or terminate any membership as set forth in Article III Section 7 of the CBAI By-laws. A copy of any relevant By-law sections will be provided to you during the review process.

Applicant's Signature:	Date:
Please print applicant's full name:	
CBAI Representative's signature:	Date
Please print full name of CBAI Representative:	

CANNABIZ IL

Cannabis Business
Association of Illinois

MEMBERSHIP APPLICATION

PLEASE SELECT MEMBERSHIP LEVEL

_____ DISPENSARY LICENSE
\$1,340.00 PER LICENSE
PER QUARTER

_____ CULTIVATION LICENSE
\$4,000.00 PER LICENSE
PER QUARTER

NAME OF COMPANY REPRESENTATIVE		TITLE	
COMPANY NAME		NUMBER OF LICENSES HELD	
		CULTIVATION_____ DISPENSARY_____	
PHONE	EMAIL		
BILLING ADDRESS	CITY	STATE	ZIP

BUSINESS CATEGORY

Please Check All that Apply:

Cultivator _____

Dispensary / Retail _____

Number of locations? _____

PLEASE SEND PAYMENT AND COMPLETED FORM TO

4310-G CRYSTAL LAKE RD
MCHENRY, IL 60050

OR SUBMIT ELECTRONICALLY VIA EMAIL TO

HANNAH@CBAIL.ORG

FOR OFFICE USE ONLY

Start Date _____

Member Number_ _____

COMPANY INFORMATION

Address of corporate headquarters (if different from above)	City	State	Zip
Year company was established?	Registered to do business in Illinois? YES _____ NO _____		
Website			
Facebook	Instagram @	Twitter @	
LinkedIn	YouTube	Other	

SECONDARY CONTACT

Name	Title
Phone	Email

ACCOUNTS PAYABLE CONTACT

Name	Title
Phone	Email

HR / RECRUITING / TALENT ACQUISITION CONTACT

Name	Title
Phone	Email

Please attach additional information to the application form, if you wish to provide additional information.

SIGNATURES

The applicant acknowledges that this application is subject to the approval of a supermajority of the CBAI Board of Directors (“Board”) and further acknowledges that a supermajority of the Board may suspend or terminate any membership as set forth in Article III Section 7 of the CBAI By-laws. A copy of any relevant By-law sections will be provided to you during the review process.	
Applicant Signature	Date
Please print applicant’s full name	
CBAI Representative’s signature	Date
Please print CBAI Representative’s full name	