

ASSOCIATE MEMBERSHIP FORM



CANNABIS BUSINESS ASSOCIATION OF ILLINOIS

SELECT MEMBERSHIP LEVEL

____ ASSOCIATE MEMBER
\$2,500.00 PER YEAR

COMPANY INFORMATION

NAME OF COMPANY REPRESENTATIVE		TITLE	
COMPANY NAME		WEBSITE	
PHONE	EMAIL		
BILLING ADDRESS	CITY	STATE	ZIP

Have you or do you plan to apply for a dispensary or cultivation license in Illinois? (Check the answer that applies to you)

SUBMITTED APPLICATION IN 2020 _____ PLAN TO APPLY IN 2021 _____

If yes, when? _____ If yes, when? _____

DO NOT PLAN TO APPLY FOR A LICENSE IN 2020 _____

Address of corporate headquarters	City	State	Zip
Year company was established?	Registered to do business in Illinois? YES _____ NO _____		

Why would you like to join CBAI?

BUSINESS CATEGORY (Check all that apply)

<input type="checkbox"/>	ADVOCACY	<input type="checkbox"/>	ANALYTICAL LAB	<input type="checkbox"/>	CANNABIS ACCESSORIES
<input type="checkbox"/>	CULTIVATION EQUIPMENT	<input type="checkbox"/>	CULTIVATION SUPPLIES	<input type="checkbox"/>	DISPENSARY SUPPLIES
<input type="checkbox"/>	FINANCIAL SERVICES	<input type="checkbox"/>	INSURANCE	<input type="checkbox"/>	LEGAL SERVICES
<input type="checkbox"/>	MEDICAL	<input type="checkbox"/>	PACKAGING	<input type="checkbox"/>	SECURITY
<input type="checkbox"/>	SOFTWARE	<input type="checkbox"/>	OTHER (Describe):		

CONTACT INFORMATION

SECONDARY CONTACT	
Name	Title
Phone	Email
ACCOUNTING CONTACT (For Membership Dues billing)	
Name	Title
Phone	Email
HR / RECRUITING / TALENT ACQUISITION OR EVENTS 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	

FOR OFFICE USE ONLY
Start Date: _____
Member ID: _____

<p>PLEASE SEND PAYMENT AND COMPLETED FORM TO ATTENTION: MCAI/CBAI 524 S. SECOND STREET, SUITE 200 SPRINGFIELD, IL 62701 OR SUBMIT COMPLETED FORM VIA EMAIL TO ROSE@CBAIL.ORG</p>
