

# ASSOCIATE MEMBERSHIP APPLICATION



Cannabis Business  
Association of Illinois

PLEASE SELECT MEMBERSHIP LEVEL	
_____	PROFESSIONAL BUSINESS \$2,500.00 PER YEAR
_____	SMALL BUSINESS/ SOLOPRENEUR \$1,500.00 PER YEAR
_____	INDIVIDUAL \$750.00 PER YEAR

## COMPANY INFORMATION

NAME OF COMPANY REPRESENTATIVE	TITLE
--------------------------------	-------

COMPANY NAME
--------------

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 2020 \_\_\_\_\_  
If yes, when? \_\_\_\_\_ If yes, when? \_\_\_\_\_

DO NOT PLAN TO APPLY FOR A LICENSE IN 2020 \_\_\_\_\_

Address of corporate headquarters (If different from above)	City	State	Zip
---	------	-------	-----

Year company was established?	Registered to do business in Illinois? YES _____ NO _____
-------------------------------	--

## 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):		

Why would you like to join CBAI?

## CONTACT INFORMATION

SECONDARY CONTACT	
Name	Title
Phone	Email
ACCOUNTING CONTACT (For Billing)	
Name	Title
Phone	Email
HR / RECRUITING / TALENT ACQUISITION <b>OR</b> EVENTS CONTACT	
Name	Title
Phone	Email

## SOCIAL MEDIA

Website		
Facebook	Instagram @	Twitter @
LinkedIn	YouTube	Other

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	

*PLEASE SEND PAYMENT AND COMPLETED FORM TO*  
**ATTENTION: MCAI/CBAI**  
**524 S. SECOND STREET**  
**SUITE 600**  
**SPRINGFIELD, IL 62701**  
*OR SUBMIT COMPLETED FORM ELECTRONICALLY*  
*VIA EMAIL TO [HANNAH@CBAIL.ORG](mailto:HANNAH@CBAIL.ORG)*

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