



MEMBERSHIP APPLICATION

FILL IN WITH THE NUMBER OF EACH LICENSE TYPE HELD
 Non-Licensed applicants choose "Affiliate" of "MBAM"

#	Type	Dues PER License	Bill Frequency
	Dispensary	\$ 1,340.00	Quarterly
	Cultivation	\$ 4,000.00	Quarterly
	Craft Grow	\$ 1,000.00	Quarterly
	Infusion	\$ 2,500.00	Annually
	Transportation	\$ 2,500.00	Annually
	Affiliate	\$ 2,500.00	Annually
	MBAM	No Cost for those that Qualify	-

COMPANY INFORMATION

Company Name				
Headquarters Address	Suite/Floor	City	State	Zip
Year Company was Established	Registered to conduct business in IL?	YES	NO	

PRIMARY CONTACT

Name	Title			
Phone	Email			
Do you have 10% or less ownership interest in any other Illinois cannabis permitted license?			YES	NO

SECONDARY CONTACT

(designated proxy authorized to vote on your behalf at meetings)

Name	Title			
Phone	Email			

BILLING CONTACT

Name	Title			
Phone	Email			
Billing Address	Suite/Floor	City	State	Zip

HR / RECRUITING / TALENT ACQUISITION CONTACT

Name	Title			
Phone	Email			

If you wish to provide additional information, please attach it to this form

SOCIAL MEDIA

Facebook.com/	LinkedIn.com/
Twitter @	Instagram @
YouTube.com/	Other

LOCATIONS OF ALL LICENSED FACILITIES

1 License Type: Street, Unit: City/State/Zip: Phone:	2 License Type: Street, Unit: City/State/Zip: Phone:
3 License Type: Street, Unit: City/State/Zip: Phone:	4 License Type: Street, Unit: City/State/Zip: Phone:
5 License Type: Street, Unit: City/State/Zip: Phone:	6 License Type: Street, Unit: City/State/Zip: Phone:
7 License Type: Street, Unit: City/State/Zip: Phone:	8 License Type: Street, Unit: City/State/Zip: Phone:

FOR AFFILIATE MEMBERSHIP APPLICANTS								
Have you applied or plan to apply for any of the following license types in Illinois? (check all that apply)						YES	NO	When?
<input type="checkbox"/> Dispensary	<input type="checkbox"/> Cultivation	<input type="checkbox"/> Craft Grow	<input type="checkbox"/> Infusion		<input type="checkbox"/> Transportation			
Why would you like to join CBAI? (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 Services	<input type="checkbox"/> Packaging		<input type="checkbox"/> Security				
<input type="checkbox"/> Software	<input type="checkbox"/> Construction	<input type="checkbox"/> Other						

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
Print applicants full name	

FOR OFFICE USE ONLY	
CBAI Representative's Signature	Date
Print CBAI Representative's full name	
Membership Start Date	Membership Number

PLEASE SEND PAYMENT AND COMPLETED FORM TO:
 ATTENTION: CBAI
 524 S. 2ND STREET
 SPRINGFIELD, IL 62701
OR SUBMIT COMPLETED FORM VIA EMAIL TO:
ROSE@CBAIL.ORG