



## NAPA VALLEY CANNABIS ASSOCIATION MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:

Phone:

Current address:

City:

State:

ZIP Code:

### COMPANY INFORMATION

Company:

Description of Company:

Company Address:

How long?

Phone:

E-mail:

Website:

City:

State:

ZIP Code:

### MEMBERSHIP

Regular Member (check one):

Affiliate Member:

Founding Member

Business Type:

Premier Member

Member

### SIGNATURES

I authorize the verification of the information provided on this form.

Signature of applicant:

Date: