

**CALIFORNIA NATIVE AMERICAN CANNABIS ASSOCIATION  
ASSOCIATE MEMBERSHIP APPLICATION**

**NOTICE TO APPLICANTS**

**ABOUT CNACA:**

The California Native American Cannabis Association (CNACA) is a 501 (c) (6) non-profit organization dedicated to protecting tribal sovereignty and promoting tribal self-reliance by assisting California tribes in designing and implementing comprehensively regulated, legal cannabis and hemp enterprises that benefit tribal communities, protect consumer safety, and provide medical benefit.

**ASSOCIATE MEMBERSHIP PROGRAM:**

The CNACA Associate Membership proposal is designed to encourage corporate sponsorships among cannabis industry commercial providers for the benefit of CNACA advocacy initiatives, including; funding CNACA membership meetings and training forums, educating state legislators, and funding state government meetings to coordinate tribal/state cannabis industry regulation and economic development.

**SPECIAL INSTRUCTIONS:**

- Complete each question. If not applicable, indicate so with “N/A”.
- Please type or print all answers. Do not use pencil or blue ink. Failure to do so will cause delays and/or denial of your application.
- If needed, attach additional documents or explanation sheets.

**Associate Member Categories:**

- **Platinum**
  - \$10,000 donation to CNACA
  - The Associate Member’s logo will be identified as a Platinum Sponsor on CNACA’s website with a redirect link to the Associate Members business website
  - CNACA Associate Member logo for the Associate Member’s website
  - The ability to post approved relevant articles and product/service descriptions in the designated sponsors area of the CNACA website
  - The Associate Member’s logo will be included in CNACA press releases and media kits publicizing CNACA activities and advocacy
  - Associate members at this level will receive the endorsement and recommendation from CNACA for products and services to the tribal cannabis industry
  - Access to CNACA Member Tribal Nation Contact Information Directory
- **Gold**
  - \$5,000 donation to CNACA
  - The Associate Member’s logo will be identified as a Gold Sponsor on CNACA’s website with a redirect link to the Associate Members business website
  - CNACA Associate Member logo for the Associate Member’s website
  - The ability to post approved relevant articles and product/service descriptions in the designated sponsors area of the CNACA website

- The Associate Member's logo will be included in CNACA press releases and media kits publicizing CNACA activities and advocacy
- **Silver**
  - \$2,000 donation to CNACA
  - The Associate Member's logo will be identified as a Silver Sponsor on CNACA's website with a redirect link to the Associate Members business website
  - CNACA Associate Member logo for the Associate Member's website

**Date of Applications:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SELECTED MEMBERSHIP CATEGORY:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**COMPANY WEBISTE:** \_\_\_\_\_

**TYPE OF SERVICE OR PRODUCT:** \_\_\_\_\_

**Section 1. Corporate Contact Information**



**[A] PERSONAL INFORMATION**

**(1) (PLEASE PRINT OR TYPE)**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name (If no middle name NMN)</b>
<b>Present Employer including Business Address</b>		<b>City, State, Zip AND COUNTY</b>
<b>Current Occupation</b>	<b>Cellular Telephone</b> ( ) _____	<b>Business Telephone</b> ( ) _____
	<b>Email:</b> _____	
<b>Are you a Tribal member:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If YES, complete the following:</b>
<b>Tribal Affiliation:</b> _____ <b>Location:</b> _____		

**(2) Is your company currently working with any tribal nation in the cannabis industry?**  
 YES  NO

**If YES, provide the following information unless prohibited by non-disclosure agreement.**

<b>Name of Tribe</b>	<b>Address</b>	<b>Business Relationship</b>

**[B] BUSINESS REFERENCES: List name, address, and telephone number of at least three (3) business references.**

<b>Organization</b>	<b>Street Zip</b>	<b>City</b>	<b>State</b>	<b>Telephone</b>
<b>Name</b>	<b>Business Address</b>			( )
<b>Name</b>	<b>Home Address</b>			( )
<b>Name</b>	<b>Home Address</b>			( )

[C] Describe any existing or previous business relationships with the cannabis industry in general, including any ownership interests in those businesses:

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## Section 2. Other Licensing Information

[D] Have your business ever held or applied for a permit, license, or certificate related to the cannabis industry, whether or not such license, permit, or certificate was granted?  Yes  
 No

If YES, list below any licensing or regulatory agency (tribal, state, or local) to which you have applied for a license, permit, or certificate related to cannabis enterprise activities, whether or not such license, permit, or certificate was granted. (Include any applications denied, withdrawn, and/or pending.)

<p>Applicant Name: _____ Type of Application: _____</p> <p>License/permit/certificate number: _____ Dates Held: From _____ To _____</p> <p>City: _____ County: _____ State: _____ Tribe: _____</p> <p>Action Taken: _____ Issuing Agency: _____</p>
<p>Applicant Name: _____ Type of Application: _____</p> <p>License/permit/certificate number: _____ Dates Held: From _____ To _____</p> <p>City: _____ County: _____ State: _____ Tribe: _____</p> <p>Action Taken: _____ Issuing Agency: _____</p>
<p>Applicant Name: _____ Type of Application: _____</p>

License/permit/certificate number: _____ Dates Held: From _____ To _____ _____ City: _____ County: _____ State: _____ Tribe: _____ _____ Action Taken: _____ Issuing Agency: _____ _____
Applicant Name: _____ Type of Application: _____ _____ License/permit/certificate number: _____ Dates Held: From _____ To _____ _____ City: _____ County: _____ State: _____ Tribe: _____ _____ Action Taken: _____ Issuing Agency: _____ _____

**[E] Has your business experienced any disciplinary actions ever been taken, or are any such actions pending, for any of the above listed license(s), permit(s), registration(s), and/or certificate(s)?**  Yes  No

**If YES, provide details below:**

Licensing Agency	Date of Action	Nature of Action	Disposition (e.g. revoked, fined, probation)

**[F] Has your business ever appeared before any licensing agency or similar authority either inside or outside the State of California, for any reason whatsoever?**  Yes  No

**If yes, provide complete details:**

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### Section 3. Criminal History Information

**[G] Has your business EVER been CONVICTED of or CHARGED with a felony, or is your business currently being PROSECUTED for a felony?**       Yes     No

If YES, please explain: list the charge, date, city, name/address of the courts involved, and the disposition. (Including but not limited to theft, falsifying income tax, tax evasion, fraud, etc.)

Date	Prosecuting Agency Location – City & State	Original Charge (if any)	Final Charge (if amended or reduced)	Court Location – City & State	Disposition (dismissed, not guilty, guilty, amount of fine and/or length and dates of confinement and/or probation)

**[H] Has your business now being, or has it in the past 10 years been convicted of or prosecuted for any MISDEMEANOR (including on-going prosecutions)?**       Yes     No

If YES, please list the charge, date, city, name/address of the courts involved and the disposition.

Date	Prosecuting Agency Location – City & State	Original Charge (if any)	Final Charge (if amended or reduced)	Court Location – City & State	Disposition (dismissed, not guilty, guilty, amount of fine and/or length and dates of confinement and/or probation)

[I] Has your business now, or has it ever been, charged with ANY within the last 10 years, whether or not convicted, that is not otherwise listed above?  Yes  No

If YES, please list the charge, date, city, name/address of the courts involved, and the disposition.

Date	Prosecuting Agency Location – City & State	Original Charge (if any)	Final Charge (if amended or reduced)	Court Location – City & State	Disposition (dismissed, not guilty, guilty, amount of fine and/or length and dates of confinement and/or probation)

[J] Has your business ever received a PARDON for or EXPUNGEMENT of any criminal offense?

Yes  No

If YES, provide details below.

Date	Prosecuting Agency Location – City & State	Original Charge (if any)	Final Charge (if amended or reduced)	Court Location – City & State	Disposition (pardon, expungement)





