

ASSOCIATE MEMBERSHIP APPLICATION

COMPANY INFORMATION

COMPANY NAME	WEBSITE
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NAME AND TITLE OF OF COMPANY REPRESENTATIVE

PHONE	EMAIL
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COMPANY ADDRESS	CITY	STATE	ZIP
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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 SERIVCES	<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):		

Year company was established?	Registered to do business in Illinois? YES _____ NO _____
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ADDITIONAL CONTACT INFORMATION

SECONDARY CONTACT

Name	Title
Phone	Email

ACCOUNTING CONTACT (For Billing)

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 the IICGA Board of Directors (“Board”) and further acknowledges that the Board may suspend or terminate any membership as set forth in IICGA By-laws. A copy of any relevant By-law sections will be provided to you during the review process.

Applicant Authorized Signature	Date
Please print full name	
IICGA Representative’s name and signature	Date

FOR OFFICE USE ONLY
Start Date _____
Member Number _____

PLEASE SEND COMPLETED FORM TO
 info@ilcraftgrower.com