

## TRADE MEMBERSHIP APPLICATION

NAME OF CRAFT GROW LICENSEE ENTITY	LICENSE NUMBER
------------------------------------	----------------

COMPANY REPRESENTATIVE NAME AND TITLE

ILLINOIS LICENSES HELD BY THIS ENTITY

CULTIVATION     DISPENSARY     INFUSION     CRAFT GROW

PHONE	EMAIL
-------	-------

BILLING ADDRESS	CITY	STATE	ZIP
-----------------	------	-------	-----

Does the entity qualify as "Non-Affiliated" as defined below?

YES     NO

### ENTITY INFORMATION

Address of corporate headquarters	City	State	Zip

LOCATIONS OF ILLINOIS FACILITIES: (Name & Address of Craft Grow, Dispensaries)

1	2
3	4

**DEFINITION OF "NON-AFFILIATED":** The proposed member is not affiliated with an Industry Participant. The term "Industry Participant" means the holder of any of a (w) cultivation center license under the Act, or (x) Early Approval Adult Use Dispensing Organization License under the Act, or (z) medical cannabis dispensing organization license under the Compassionate Use of Medical Cannabis Pilot Program Act. The term "affiliated" means affiliation with an Industry Participant through any of the following:



- (i) Employment;
- (ii) Ownership of equity securities (whether voting or non-voting) of an Industry Participant other than ownership of its (or its parent's) publicly traded stock in an amount less than 1.0% of such entity's total outstanding shares;
- (iii) In the case of an entity member, common ownership with the Industry Participant of more than 1%;
- (iv) In the case of an entity member, common control (as defined below) with the Industry Participant; and
- (v) Service on the board of directors, managers or similar body of the Industry Participant (whether voting or non-voting).

“Control” means the possession, directly or indirectly, of the power to direct or cause to direction of the management and policies of a person, whether through the ownership of voting shares, by contract, or otherwise.

**CONTACT INFORMATION**

Website		
Facebook	Instagram @	Other Social Media

**SECONDARY CONTACT** (Your secondary contact is the designated proxy authorized to vote on your behalf at meetings)

Name	Title
Phone	Email

**ACCOUNTING CONTACT** (For Membership Dues billing)

Name	Title
Phone	Email

**HR CONTACT**

Name	Title
Phone	Email

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](mailto:info@ilcraftgrower.com)