



Membership Application Form

Company Name: _____

Full Name: _____
Last First

Address: _____
Street City State ZIP Code

Work Phone: () _____ Cell Phone: () _____

Email: _____

Membership Dues: The dues payable to the Council for membership will be based on a flat fee for Board Membership or Associate Membership. Please select one of the following membership Tiers:

- Board Membership: **\$15,000 per year***
- Associate Member (Non-voting): **\$2,000 per year**

Please return the completed form with a check made out to:

California Hemp Council
Attention: Membership
1127 11th Street, Suite 747
Sacramento, CA 95814
(916) 444-3770

Signature of Applicant: _____ Date: _____

* Political Action Committee participation is required of Board Members and is in addition to membership dues. The California Hemp Council is an 501(c)(6) not for profit corporation.

1127 11th Street, Suite 747, Sacramento, Ca 95814 PH: 916.309.4488