

SEATTLE CANNABIS ASSOCIATION MEMBERSHIP / DONATION APPLICATION

SCA OFFICIAL USE APPROVED DECLINED

PLEASE SELECT TYPE OF MEMBERSHIP AND DUES [OR IF DONATION]:

MEMBERSHIP TYPE	DUES ANNUALLY	DUES PLEDGED MONTHLY
<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> ANNUAL \$2500	<input type="checkbox"/> MONTHLY \$250/MO PLEDGE
<input type="checkbox"/> ASSOCIATE	<input type="checkbox"/> ANNUAL \$1000	<input type="checkbox"/> MONTHLY \$100/MO PLEDGE
<input type="checkbox"/> SUPPORTING	<input type="checkbox"/> ANNUAL \$500	<input type="checkbox"/> MONTHLY \$50/MO PLEDGE

DONATION I AM NOT A MEMBER BUT WOULD LIKE TO MAKE A DONATION TO SUPPORT THE WORK SCA IS DOING.

\$25 \$50 \$100 \$250 OTHER AMOUNT: \$ _____

DATE: ____/____/2011 PAYMENT TYPE: CASH/CHECK CREDIT CARD PAYPAL

REFERRED BY: _____ YEAR BUSINESS STARTED: _____

COMPANY NAME: _____

CONTACT NAME & TITLE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ EMAIL: _____

WEB SITE ADDRESS: _____

BRIEF DESCRIPTION OF BUSINESS [20 WORD STATEMENT]:

INDICATE YOUR INVOLVEMENT IN THE SEATTLE CANNABIS COMMUNITY [CHECK ALL THAT APPLY]:

ACTIVIST NON-ACTIVIST CANNABIS SERVICE PROVIDER NON-CANNABIS SERVICE PROVIDER
 OTHER DESCRIBE: _____

TYPE OF BUSINESS STRUCTURE:

SOLE PROPRIETORSHIP GENERAL PARTNERSHIP LIMITED PARTNERSHIP JOINT VENTURE
 LIMITED LIABILITY PARTNERSHIP (LLP) LIMITED LIABILITY LIMITED PARTNERSHIP (LLLLP)
 CORPORATION NONPROFIT CORP. LIMITED LIABILITY COMPANY (LLC)
 ASSOCIATION OTHER DOING BUSINESS AS [DBA]: _____

PRODUCTS/SERVICES OFFERED [CHECK ALL THAT APPLY]:

COLLECTIVE, NETWORK, CO-OP LICENSED HEALTHCARE PROVIDER CULTIVATOR/GROWER
 CANNABIS TINCTURES EDIBLES OILS
 CONSULTING PROFESSIONAL SERVICES INSURANCE FINANCIAL SERVICES
 ACCOUNTING ATTORNEY/ LAWYER MEDIA/PUBLISHER PROMOTION & MARKETING
 SCHOOL DELIVERY/MOBILE OTHER DESCRIBE BELOW: _____

EXECUTIVE AND ASSOCIATE MEMBERS PLEASE INDICATE COMMITTEE INTEREST [CHECK ALL THAT APPLY]:

SELF-GOVERNANCE CANNABIS PATIENT RIGHTS CANNABIS EDUCATION & CERTIFICATION
 CANNABIS PROVIDER & QUALITY TESTING COMMUNITY RELATIONS
 LICENSED HEALTHCARE PROVIDER HEALTHCARE FACILITY INITIATIVE

SUBMIT SEATTLE CANNABIS ASSOCIATION MEMBERSHIP/DONATION APPLICATION BY EITHER CALLING **SCA 206.372.3857** TO DISCUSS MEMBERSHIP AND/OR DONATION OR EMAIL US SCA@SEATTLECANNABISASSOCIATION.COM AND PUT IN THE SUBJECT LINE OF YOUR EMAIL **"I WANT TO BECOME A SCA MEMBER"** OR INDICATE **"I WANT TO DONATE TO SCA"**