



**CANNABIS LIBERATION LEAGUE
CALIFORNIA
CLLCA.ORG**

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Membership Application and Agreement

I am applying for membership with Cannabis Liberation League-CA and declare that the information I provide on this application is true and accurate, under penalty of perjury according to the laws of the State of California. Furthermore, in signing this agreement, I accept the following terms and conditions for membership with Cannabis Liberation League-CA.

- The name of the Chapter of Cannabis Liberation League-CA that I am affiliating with is:

_____ *Chapter.*

- I agree to inform my Local Chapter, and the State Chapter of Cannabis Liberation League-CA, of any change in my legal residence that would require me to affiliate with another Chapter, in accordance with the territories established by C.L.L.- CA Chapter Agreements.

Legal Name: _____ Date of Birth: _____

Mailing Address: _____

Preferred Phone #(s): _____ / _____

Preferred E-mail: _____

Preferred Social Media Accounts: _____

- I attest that I am at least 18 years of age.
- I have provided a copy of one of the following legal form(s) of identification, showing my California residency.

Choose One of the Following:

- California Driver's License or Identification Card #: _____
- U.S. Passport #: _____
- U.S. Military ID #: _____

I am applying for Membership with Cannabis Liberation League-CA, under the following category(s) (check at least one). I hereby agree to maintain timely payment of dues to my Chapter, for each of the following Category(s), in order to maintain good standing and access to the privileges of membership.

Category 1 (Individual Cannabis Advocate): \$100 per year_____ or \$10 per month_____

Category 2 (Licensed Cannabis Cultivators): \$1000 per year_____ or \$100 per month_____

Category 3 (Licensed Cannabis Manufacturers): \$1000 per year_____ or \$100 per month_____

Category 4 (Licensed Cannabis Distributors): \$1000 per year_____ or \$100 per month_____

Category 5 (Licensed Cannabis Dispensaries): \$1000 per year_____ or \$100 per month_____

Category 6 (Licensed Cannabis Testing Lab): \$500 per year_____ or \$50 per month_____

Category 7 (Professional or Business Member): \$1000 per year_____ or \$100 per month_____

Category 8 (NGO or Non-Profit Member): \$500 per year_____ or \$50 per month_____

- I agree to abide by all policies and procedures of Cannabis Liberation League-CA, as they are established and posted on the C.L.L.- CA Website, at my Chapter headquarters, or otherwise provided to me in written or electronic format.
- I agree to abide by Cannabis Liberation League-CA's Non-Discrimination Policy, and to comport myself in a respectful manner always while engaged in activities associated with Cannabis Liberation League-CA, or while on the premises of any C.L.L.- CA Chapters.
- I agree to comply with the laws of the State of California always while engaged in activities associated with Cannabis Liberation League-CA, or while on the premises of any C.L.L.- CA Chapters.
- I acknowledge that the Executive Committee or Board of Directors of my Chapter reserves the right to suspend or revoke my membership status, for cause. I understand that the reason(s) for any suspension or revocation must be provided to me in writing, that any suspension must state a timeline or requirements for my reinstatement, and that if my membership is revoked, I may apply for membership at another Chapter. I understand that during any proceeding regarding my membership status, I will be afforded a hearing, at which time I may provide any information, testimony or witnesses on my own behalf, which shall be reviewed and considered before a decision is rendered, and that any decision regarding my membership status shall be provided to me in written or electronic format.

- I acknowledge that C.L.L.- CA has the right and discretion to ban me from membership in every Chapter, for cause, at the sole discretion of the State Chapter Board of Directors, after having made such a determination following the conclusion of a hearing where I was afforded an opportunity to represent myself, and provided that such notification is provided to me in written or electronic format.
- I understand that all dues paid to Cannabis Liberation League-CA are refundable pursuant to CLL-CA Bylaws 3.5b.

Print Applicant's Name and Signature

Date

(For referrals only) This application was processed by _____

Approved for Membership by (print name of Local Chapter Officer)

Date