

## Texas Cannabis Council Membership Form

### **Contact Information**

Member Name:

Mailing Address:

City:

State:

Zip:

Primary Contact Name:

Primary Contact Phone:

Email:

**Industry Segment:**

Cannabis Business:

**Area of Texas Where You Operate:**

**May TCC use your or your company's name publicly?**

**Yes**

**No**

**Level of Membership & Annual Dues:**

**Submit payment by check to:**

Texas Cannabis Council  
P.O. Box 300294  
Austin, Texas 78703

For wire transfer instructions please contact the TCC Treasurer, Esme Thoman, at 512-653-5951