

Nebraska Dispensary Owners Alliance (NDOA)

Member Registration Form

Strong Roots. United Voice.

Business Information

Business Name:

Owner/Representative Name:

Business Address:

City: _____

State: _____

Zip: _____

Phone Number:

Email Address:

Website (if any):

Membership Type

Founding Member – \$1-\$500

Bronze- \$500-\$2500

Gold- \$2500-\$10,000

Platinum- \$10,000+

Enter Amt \$ _____

*We welcome additional donations to help support legal defense, outreach, and lobbying efforts. *

Monthly Dues (To Begin in Future)

___ I agree to pay monthly dues once set by the Board

___ I would like to be contacted before dues are finalized

Signature & Consent

By signing below, I confirm that I am the authorized representative of the above business and agree to support the mission of the Nebraska Dispensary Owners Alliance.

Signature: _____ Date: _____

Printed Name: _____

Return this form to:

Email: NDOA420@proton.me

Mail: NDOA | 1147 S Eddy St, Grand Island, NE 68801

WWW.NDOA420.COM