1. TRCA LEGACY FARMER & SELLER MEMBERSHIP APPLICATION

TOWNSHIP AND RURAL CANNABIS ASSOCIATION (TRCA)

LEGACY FARMER & SELLER MEMBERSHIP APPLICATION

Membership Details

Membership Number: _____

Application Date: _____

Province: _____

Municipality: _____

Ward: _____

PERSONAL INFORMATION

Full Name

ID / Passport Number

Date of Birth

Gender

☐ Male

☐ Female

☐ Other

Cell Number

Alternative Number

Email

Physical Address

Postal Code

FARM OR BUSINESS DETAILS

Farm Name (if applicable)

Business/Trading Name

Years involved in cannabis

☐ Less than 2

☐ 2–5

☐ 5–10

☐ 10–20

☐ More than 20

Primary Activity

☐ Traditional Cultivation

☐ Commercial Cultivation

☐ Nursery

☐ Processing

☐ Retail

☐ Informal Trading

☐ Traditional Medicine

☐ Industrial Hemp

☐ Other

Area cultivated

Number of Employees

LEGACY STATUS

Are you a traditional or legacy cannabis farmer?

☐ Yes

☐ No

Did your parents or grandparents cultivate cannabis?

☐ Yes

☐ No

Please tell us about your cannabis history.

SUPPORT REQUIRED

Tick all that apply.

☐ Market Access

☐ Training

☐ Business Registration

☐ Cooperative Development

☐ Legal Assistance

☐ Compliance

☐ Funding

☐ Seed Bank Access

☐ Heritage Documentation

☐ Tourism Opportunities

☐ Export Opportunities

☐ Research Partnerships

DECLARATION

I declare that the information provided is true and correct.

I support the Constitution and Code of Conduct of the Township and Rural Cannabis Association.

I agree to promote ethical cultivation, indigenous knowledge protection and responsible community development.

Applicant Signature

Date

Witness